
National Drug Control Strategy

*Strengthening Communities'
Response to Drugs and Crime*

Message From the President

To the Congress of the United States:

I am pleased to transmit today to the Congress and to the American people the 1995 *National Drug Control Strategy*, which confirms our resolve, identifies my priorities for addressing this Nation's continuing drug problem, and further defines my Administration's plan for reducing illegal drug use and drug trafficking.

The 1995 *Strategy* comes at a time of enormous change and new challenges for our country. Societies around the globe are shifting from the Industrial Age to the Information Age—from the Cold War with its global division to a world united in economic cooperation and hope for the future. This is a time of new beginnings and of great hope, but also a time of tremendous uncertainty. During this period, we must make sure that we remain the strongest country in the world and its most profound force for peace and freedom. Our greatest challenge, however, will be to keep the American dream alive for all our citizens.

These challenges give the 1995 *Strategy* new and added importance. We cannot keep the American dream alive for working families if our youth are turning to illegal drug use, or if the violence spawned by drug use and trafficking continues unabated. We cannot compete in the new world economy and foster economic cooperation among nations while international drug trafficking is rampant. We cannot enter the new millennium as the strongest country in the world unless we continue to lead the way against illegal drugs and the terror they bring—both here at home and abroad.

The 1995 *Strategy* responds to the need for a new economy and a new government. It recognizes that drug use and trafficking drain our economy of billions of dollars and prevent millions of Americans from achieving their full potential. This

Strategy also recognizes that the drug problems of today and tomorrow will not be solved by yesterday's government. Our solutions must be less bureaucratic, more creative and flexible, and the 1995 *Strategy* starts us down that path.

Most importantly, the *Strategy* responds to the need for a new covenant between the American people and their government—one that matches more opportunity with more responsibility. This *Strategy* gives those who have fallen prey to drugs the opportunity to change their behavior, and it gives these youths who are at risk for starting to use drugs positive alternatives.

This *Strategy* sends strong messages of responsibility on all fronts: to the international community that all nations must work together to reduce the supply and demand for illegal drugs; to traffickers and criminals that they will pay a stiff penalty for destroying our children's futures; and to our Nation's youth that drugs are not only illegal—but that using them is dumb, dangerous, and likely to get you hurt, and maybe even killed. Legalization is a formula for disaster. And it is precisely because of the damage that drug use causes that I am, and will remain, unequivocally opposed to the legalization of any of the drugs that are currently illegal.

The government cannot solve this Nation's drug problem, or any other social ill, alone. But neither can we shirk our responsibility. That is why this 1995 *Strategy* extends the hand of partnership to all Americans—concerned citizens, community leaders, teachers, law enforcement officers, parents, and leaders of the faith community—and asks them to begin anew the process of engaging all Americans in addressing this important issue.

Bill Clinton

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I. Strategy Overview

In 1995 the crime-drug cycle continues. No community is untouched. More teenagers are smoking pot. Less of them think cocaine use is dangerous. Drug-using adults from every social strata are clogging court dockets, crowding emergency rooms, and abusing their innocent children.

Thousands of miles from U.S. shores, cocaine traffickers are charting a route for their next smuggling operation. Opium dealers are ranking this year's harvest and projecting their profits. Money launderers are plotting a course for traffickers' ill-gotten gains to wash through legal banking establishments.

Drug use and trafficking threaten the American way of life. All Americans should enjoy the fruits of their labor in a community free of crime and drugs.

This Strategy takes the brutal realities of the crime-drug linkage to task. Things must change. Drug traffickers and dealers must be arrested and prosecuted. Prevention efforts must be refined to fit the mindset of today's youth. Chronic drug users must receive the effective treatment they require to get off drugs and become taxpayers, instead of tax takers.

This Strategy is a map. It provides all Americans with a way to protect those innocent victims whom drug use and trafficking violate, to cope pragmatically and rationally with an insidious disease known as drug addiction, and to enforce the rule of law over the tyranny and cruelty of lawlessness. This is a task upon which America's future depends.

No community in America can escape the problems surrounding drug abuse and its consequences. Americans pay a large price for these problems.

Moreover, drug abuse undermines the ability of hard-working Americans to live in safe communities, send their children to good schools, and have their tax dollars used for enhancing their quality of life. As long as drug dealers continue to sell drugs and users continue to buy them, Americans will face—many of them firsthand—the crime, violence, and health consequences that surround the illicit drug trade.

Despite years of concentrated effort by all levels of government and by numerous antidrug organizations, the cycle of drug abuse continues. Previous progress in reducing casual drug use¹ gave many people the impression that drug prevention efforts had solved the problem. But in some areas, the situation is worsening. Young people from all economic and social strata are using drugs in increasing numbers, in spite of our best antidrug efforts. Furthermore, the crimes associated with the illegal drug trade continue to threaten domestic security and safety.

According to the most recent National Household Survey on Drug Abuse, roughly one in three Americans has used an illicit drug sometime in his or her lifetime, and roughly one in nine Americans has tried cocaine at least once. The Monitoring the Future (MTF) study indicates that nearly one-half of the Nation's high school seniors, regardless of gender, race, or location, have tried an illicit drug, and one in five has used illicit drugs on a regular basis. Furthermore, chronic, hardcore drug use² is widespread, and casual drug use is increasing among our youth.

The activities of the chronic, hardcore drug user directly and indirectly account for high rates of

crime, violence, and negative health consequences in this country. Addicted drug users also account for more than two-thirds of the illicit drugs consumed. Unless the number of addicted drug users can be reduced, the tranquility and safety of American communities will be jeopardized. Drug traffickers will continue to supply drugs to addicted drug users but will also seek to develop a new generation of users to support their criminal infrastructure and provide profits into the next century. Clearly, all of America's youth must be educated against the dangers of drug use. This Nation cannot afford to turn its attention from the time bombs of drug use, drug trafficking, and related crime and health problems.

The drug problem is national in scope. Drugs are not a problem solely of the poor, or of minorities, or of inner-city residents.

PRINCIPLES FOR RESPONDING TO ILLICIT DRUG USE

This *National Drug Control Strategy* is built on the following principles:

- Because it is linked to the Nation's efforts to promote economic growth, empower communities, curb youth violence, preserve families, and improve access to health care for all Americans, drug policy is a cornerstone of U.S. domestic policy in general and U.S. social policy in particular.
- A key response to drug use and trafficking is an aggressive and coordinated law enforcement effort. Americans have the right to feel safe in their homes and secure in their communities.
- The Nation must address drug-related violence by expanding community policing, putting more police on the streets, and removing guns from the hands of criminals.
- To ensure the safety of our communities, certainty of punishment must be promoted for all drug offenders—particularly young offenders. All offenders must receive appropriate punishment when they first encounter the criminal justice system.
- Prevention programs must reach all youth and target special populations that are at risk, such as inner-city youth, pregnant women, and women of childbearing age.
- Drug treatment must target chronic, hardcore drug users—both within and outside the criminal justice system—to reduce their drug use and its consequences.
- Antidrug strategies must be supported by knowledge gained from research.
- International narcotics control is a major foreign policy objective, and the international commitment to narcotics control must be expanded. The United States must work with other nations that demonstrate the political will to attack illegal drug production and trafficking.
- Legalization does not provide an answer to the problems of drug use and crime. Rather, it is a formula for self-destruction. The Administration is unequivocally opposed to any "reform" that is certain to increase drug use.

DRUG FACTS

The drug problem is national in scope. Drugs are not a problem solely of the poor, or of minorities, or of inner-city residents. In fact, the majority of these citizens do not use illicit drugs, and they are often victims of those who do. Drug users come from all walks of life and from all parts of the country. The drug problem affects everyone, and all Americans must be involved in its solution.

America's future depends on how the Nation chooses to respond to the following facts:

FACT: Everyone is a potential victim of a drug-related crime. Drug use and the crime that surrounds it are enveloping entire communities. In 1993 an estimated 1,123,300 individuals were arrested for drug offenses—including sale, manufacture, and possession—more than 2 arrests every minute. Drug tests confirmed

recent use of illicit substances in the majority of those arrested each day.

FACT: Homicide rates by youth ages 18 and younger have more than doubled since 1985. Drug-involved youth are arming themselves and killing one another over drug money and drug turf. The ruthlessness and guns that are part of the drug trade have “infected” entire neighborhoods. Children not involved in the drug trade are carrying guns and resolving disputes through violence over seemingly trivial matters, such as an imagined insult or disagreement regarding the color of a jacket.

FACT: Fewer youth report a clear understanding of the risks associated with drug use.

FACT: Marijuana is increasingly available, potent, and cheap, enticing a new generation of drug users, most likely the children and grandchildren of working families.

FACT: Drugs are readily available to anyone who wants to buy them. By historical standards, cocaine and heroin street prices are low and purity is high, making their use by any mode of administration both more feasible and affordable than ever before.

FACT: Drug use is weakening the fiscal health of the public sector. Federal, State, and local governments spend roughly \$25 billion on drug control efforts, or \$0.50 for every dollar spent by drug consumers in the illicit drug trade. Approximately 60 percent of the Federal drug control budget is directed to law enforcement programs, and the balance is directed to treatment and prevention programs. Most State and local government spending is directed to the criminal justice system (79 percent), and the balance is directed to education and rehabilitation (21 percent).

FACT: Drug use is straining the Nation’s health care system. The costs of treating drug

users are passed on to hard-working Americans through increased insurance premiums. In 1993 almost 500,000 drug-related emergencies occurred nationwide. More than one-third of all AIDS (Acquired Immune Deficiency Syndrome) cases were associated with the reckless, self-destructive behavior of drug users.

FACT: The illicit drug trade is a drain on the U.S. economy. In 1993 the retail value of the illicit drug business totaled \$50 billion.

ACTION PLANS FOR RESPONDING TO AMERICA’S DRUG PROBLEM

This year’s *Strategy* presents a new and key element to respond to America’s drug problem—a concise and action-oriented approach to the drug problem. A range of Federal prevention, treatment, and law enforcement efforts will be coordinated by the Office of National Drug Control Policy (ONDCP). The Crime Control Act enhanced ONDCP’s mission and authorities to confront the problems of illicit drug use and its consequences. The legislation reauthorized ONDCP through September 30, 1997, and strengthened ONDCP’s ability to manage drug control resources. In addition, to improve monitoring of progress in achieving the goals and objectives of the National Drug Control Strategy, the Crime Control Act requires that ONDCP conduct evaluations of the measures of effectiveness pertaining to drug availability and the consequences of drug use.

Over and above this coordination, ONDCP will spearhead four Action Plans for (1) reducing the demand for illicit drugs; (2) reducing crime, violence, and drug availability; (3) enhancing domestic drug program flexibility and efficiency at the community level; and (4) strengthening interdiction and international efforts aimed at disrupting the production and flow of drugs into the United

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States. Each Action Plan includes specific targets, individual steps to achieve the targets, and proposed completion dates. The four Action Plans are discussed in detail in Chapters V through VIII. These Action Plans are designed to achieve the following objectives:

- Combat drug traffickers who prey on people for the sake of money and power;
- Use the authority of the criminal justice system to require drug-using offenders to stop taking drugs;

The Action Plan for Reducing the Demand for Illicit Drugs emphasizes drug prevention as the ultimate key to ensuring the future of the Nation's children.

- Punish the criminal activities of drug users and sellers;
- Support the efforts of source and transit nations against illicit narcotics trafficking;
- Interdict illicit drugs en route to America;
- Provide treatment for those addicts who want to reform their lives, and employ forced abstinence programs where possible;
- Raise public awareness of two facts—that relapse is not an indication of treatment failure when the consequences of drug use are lessened,³ and that law enforcement sanctions can motivate addicts to enter and complete treatment;
- Protect each generation by ensuring that children understand and appreciate the dangers of intermittent or hardcore drug use so that fewer and fewer children will initiate illicit drug use;
- Support research efforts to develop new knowledge about the causes, consequences, prevention, and treatment of drug abuse; and
- Persuade the American people that everyone must be involved in solving the drug problem because drug use and its related crimes affect everyone.

This year's *Strategy* stresses both prevention and treatment efforts. It also continues the redirection of interdiction efforts to source countries, which is consistent with experience that shows it is more effective to reduce illicit drug availability by concentrating resources in a small geographic area rather than primarily attacking transshipment over a vast and unregulated transit zone. At the same time, this *Strategy* provides for smarter and tougher enforcement activities in U.S. ports of entry and at U.S. borders. Domestic law enforcement efforts—which have been greatly expanded in recent years and which now comprise the bulk of the Nation's antidrug law enforcement efforts—remain central to supply reduction efforts that seek to keep the streets free of illicit drugs; they continue to assist in achieving demand reduction goals.

The Action Plan for Reducing the Demand for Illicit Drugs emphasizes drug prevention as the ultimate key to ensuring the future of the Nation's children. New generations must not become drug users, and existing users must be convinced to stop. The recent increase in marijuana use among adolescents, as well as changes in their attitudes about the dangers of drug use, is alarming and underscores the need for educating each generation about the consequences of drug involvement. To prevent drug use, a nationwide media campaign will be launched to deglamorize drug use in the mind of every child in America. This public information effort—"Save Our Children—Save Our Future"—will address drugs, alcohol, and tobacco and will use a range of resources, including entertainment and professional sports figures. This campaign will complement existing efforts, including those of the Partnership for a Drug-Free America and the Community Anti-Drug Coalitions of America. The Action Plan for Reducing the Demand for Illicit Drugs also includes new opportunities for breaking the cycle of intergenerational drug use and promoting the research and evaluation of a wide spectrum of drug prevention programs.

The Action Plan for Reducing the Demand for Illicit Drugs emphasizes drug treatment. It views

addiction as a chronic, relapsing disorder, with treatment and aftercare as appropriate and pragmatic responses to this disorder. However, treatment alone as a panacea is not promoted. This *Strategy* recognizes that drug users' first step to recovery is to take personal responsibility for their actions, and this *Strategy* equally promotes drug prevention programs and the unique capabilities of law enforcement officers to reduce drug use and its consequences. The Administration will continue to have a firm response to the irresponsible behaviors of drug users and the predatory activities of drug trafficking organizations and money laundering networks, both here and abroad.

The Action Plan for Reducing Crime, Violence, and Drug Availability will make communities safer through an integrated approach of efforts that range from prevention programs to anti-money-laundering initiatives. Even the best prevention programs will fail without effective law enforcement efforts, including an increase in the number of police officers on the beat and interdiction and source country programs to curb the flow of drugs into the United States. Otherwise, neighborhoods will face a plentiful supply of illicit drugs that will tempt new people to become users. A large part of prevention is to make sure that children are never exposed to drugs, an end which is served by international efforts to reduce drug production and availability.

The Action Plan for Reducing Crime, Violence, and Drug Availability highlights strong enforcement, including tough measures and punishments for drug offenders. Habitual criminals will be identified and dealt with through tough criminal justice sanctions. Enhanced linkages between the criminal justice and treatment systems will address the criminal activities of drug-dependent offenders. And because most convicted criminals are eventually released back into the community, the release of illegal drug users will occur only after they successfully complete drug treatment. In addition, they will be monitored after release to ensure that they remain drug free. If not, a valuable opportunity to break the drug use and incarceration cycle will be squandered.

The Action Plan for Enhancing Drug Program Flexibility and Efficiency at the Community Level addresses ongoing concerns among antidrug grassroots practitioners and national organizations. Included in this plan is a proposal to restructure U.S. Department of Health and Human Services programs that provide Federal grant funds to States under a new consolidated block grant, which will give States and localities maximum flexibility in designing drug programs to best meet their own needs. This Action Plan also seeks to identify and remove Federal obstacles that impede drug program delivery. The Administration will pursue a "Cut the Red Tape" deregulation campaign to eliminate or waive existing regulations to better facilitate local service delivery. In addition, the Federal drug grant application process will be streamlined with the objective of implementing a universal grant application. Data collection efforts and the dissemination of program effectiveness information will be expanded to help antidrug efforts at the local level.

... Americans want the revolving door of criminal justice brought to a halt, with criminal offenders who are drug users receiving drug treatment only under the watchful eye of the criminal justice system.

The Action Plan for Strengthening Interdiction and International Efforts encourages other nations to take a strong stand against illicit drugs and promotes the inclusion of contingencies within international economic agreements to encourage efforts by individual nations to combat drug trafficking. It also includes a plan for convening a ministerial antidrug summit as a followup to the Summit of the Americas, convened by President Clinton in Miami, Florida, in December 1994. The objective of all international narcotics control efforts supports a basic conviction that drug trafficking presents a tangible threat to national security and should be universally condemned.

This *Strategy* recognizes that Americans make a distinction between drug dealers and drug users when stating how policies should be developed and carried out. Recent public opinion polls indicate that Americans believe that drug dealers deserve

tough criminal sanctions and that drug users should have the opportunity for intensive treatment to break their dependence on drugs. Furthermore, this *Strategy* recognizes that Americans want the revolving door of criminal justice brought to a halt, with criminal offenders who are drug users receiving drug treatment only under the watchful eye of the criminal justice system.

This *Strategy* responds to the fears of many Americans. A recent survey⁴ revealed that 4 in 10 Americans had taken safety precautions because of the threat of drug-related crime, including making their homes more secure, staying inside at night, and avoiding areas they consider to be unsafe. Drug activity devastates neighborhoods and fuels a sense of disorder, anger, and distrust among law-abiding residents.

This *Strategy* supports comprehensive initiatives to make communities safer, including many that will be facilitated by the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322, hereafter referred to as the Crime Control Act). The Crime Control Act prioritizes prison space for violent drug offenders and provides for the addition of 100,000 police officers in communities across the country. In addition, the Crime Control Act expands drugs courts to reduce the drug use and criminality of crime-committing addicts. These initiatives will be further supported by a “Break the Drug Use Cycle” pilot program (modeled after the concept behind the prototype Washington/Baltimore High Intensity Drug Trafficking Area Program) to help law enforcement officials work hand in hand with prevention and treatment authorities in select communities. Finally, to attack drug traffickers and their hierarchies, the cooperation of the financial services community will be enlisted to identify drug money

launderers and prevent the abuse of global financial systems by financial crime perpetrators.

CONCLUSION

Last year’s *Strategy* established 14 aggressive goals for achieving the overall aim of reducing drug use and its consequences. Table 1-1 presents these goals, which still stand as valid measures of progress for this *Strategy*, and must be achieved if this Nation is to successfully address its drug-related problems. Chapters V through VIII present the four Action Plans for achieving these goals. These Action Plans are a response to the impassioned pleas of Americans across the Nation asking for help to protect their children, their neighborhoods, and the Nation. Finally, it must be understood that while the Federal Government has a vital role to play, the problems of drugs and violence can best be solved at the local level by individual citizens taking individual actions.

ENDNOTES

- 1 Casual drug users use illicit drugs once per month or less and have yet to cross the line into drug dependency.
- 2 Chronic, hardcore drug users are addicted drug users who consume illicit drugs at least on a weekly basis and exhibit behavioral problems stemming from their drug use.
- 3 Relapse is not a failure as long as it occurs within a broad continuum of drug abuse treatment that immediately registers the relapse, assesses the need for modification or intensification of the treatment regimen, and implements a seamless response to the relapse and the ongoing need for treatment. Relapse is a failure only when there is no timely, appropriate treatment system response to that relapse.
- 4 Peter D. Hart Research Associates, *Survey of Adults*, February 2-3, 1994.

Table 1-1
Goals of the 1995 National Drug Control Strategy

OVERARCHING GOAL

Goal 1: Reduce the number of drug users in America.

DEMAND REDUCTION GOALS

Goal 2: Expand treatment capacity and services and increase treatment effectiveness so that those who need treatment can receive it. Target intensive treatment services for hardcore drug-using populations and special populations, including adults and adolescents in custody or under the supervision of the criminal justice system, pregnant women, and women with dependent children.

Goal 3: Reduce the burden on the health care system by reducing the spread of infectious disease related to drug use.

Goal 4: Assist local communities in developing effective prevention programs.

Goal 5: Create safe and healthy environments in which children and adolescents can live, grow, learn, and develop.

Goal 6: Reduce the use of alcohol and tobacco products among underage youth.

Goal 7: Increase workplace safety and productivity by reducing drug use in the workplace.

Goal 8: Strengthen linkages among the prevention, treatment, and criminal justice communities and other supportive social services, such as employment and training services.

DOMESTIC LAW ENFORCEMENT GOALS

Goal 9: Reduce domestic drug-related crime and violence.

Goal 10: Reduce all domestic drug production and availability, and continue to target for investigation and prosecution those who illegally import, manufacture, and distribute dangerous drugs and who illegally divert pharmaceuticals and listed chemicals.

Goal 11: Improve the efficiency of Federal drug law enforcement capabilities, including interdiction and intelligence programs.

INTERNATIONAL GOALS

Goal 12: Strengthen international cooperation against narcotics production, trafficking, and use.

Goal 13: Assist other nations to develop and implement comprehensive counternarcotics policies that strengthen democratic institutions, destroy narcotrafficking organizations, and interdict narcotrafficking in both the source and transit countries.

Goal 14: Support, implement, and lead more successful enforcement efforts to increase the costs and risks to narcotics producers and traffickers to reduce the supply of illicit drugs to the United States.

II. Drug Use in America

The news is not good. Even though total casual use remains stable, more kids are using drugs than last year, especially more marijuana. Simplistic prevention messages of the past appear not to work for today's young people.

Crack cocaine users, burned out on the drug's stimulating effects, are turning to opiates. Heroin dealers are luring them, as well as first-time drug users, by packaging the drug for snorting and smoking. Hardcore drug users are continuing to commit crimes, drive health care costs upward, and give dealers more reasons to fight over drug market turf, often with violent and terrible consequences.

Even though there is less casual drug use today than in years past, the increase in use among the nation's youth adds another ingredient to the volatile mix of drug trends that already threaten the Nation's stability. Increasing rates of drug use among young people, coupled with the continuation of hardcore drug use, present a challenge that, if unmet, will severely undermine the gains made by working class Americans in recent years.

Illicit drug use continues to be one of the Nation's most serious problems. Although considerable progress has been made in reducing the number of casual drug users, much remains to be done to reduce the number of chronic, hardcore drug users. Compared with the casual drug user, the chronic, hardcore drug user consumes substantially more drugs and is responsible for the preponderance of crime and other negative social consequences.

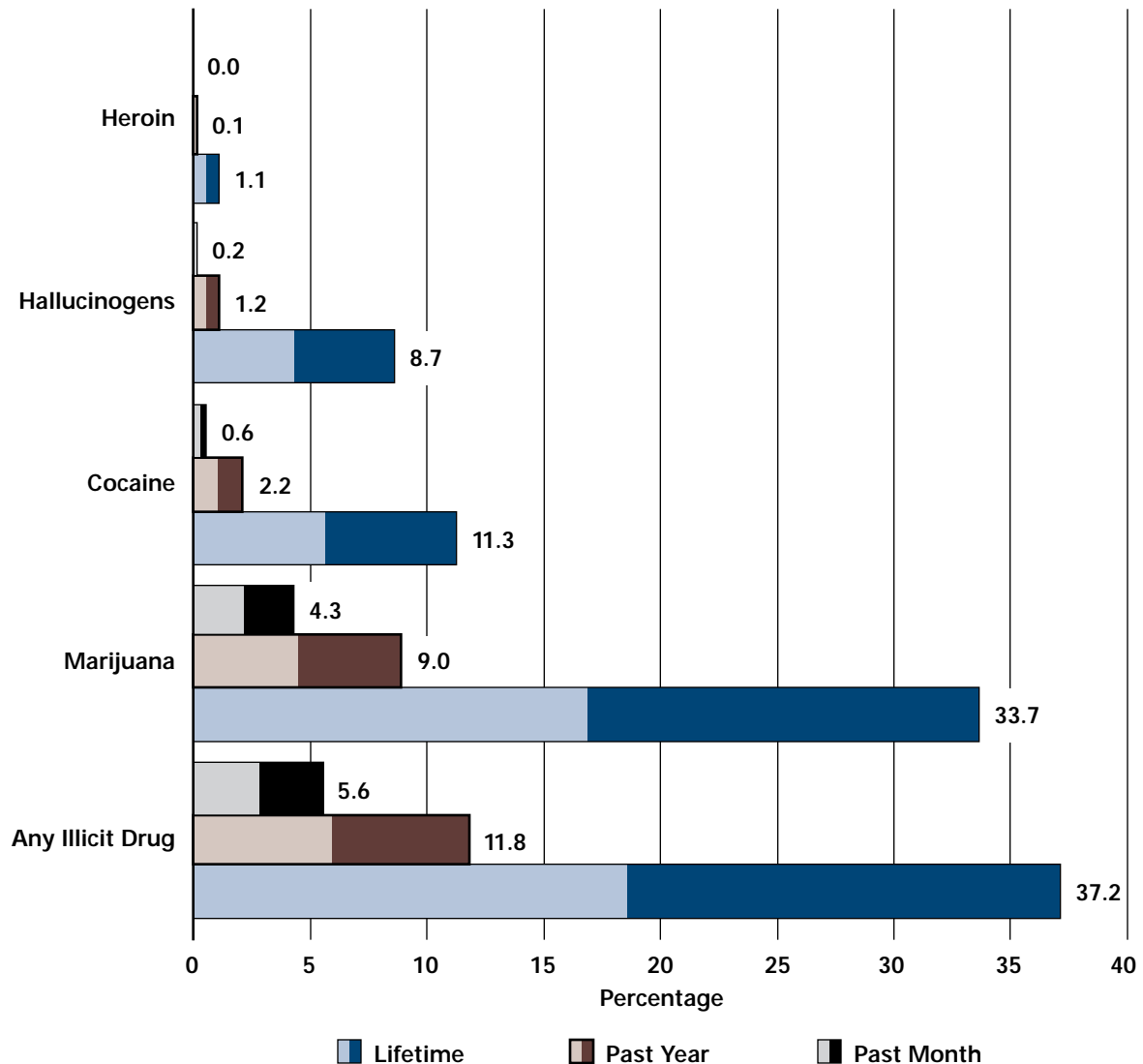
Today, there is increasing evidence of two disturbing trends. First, rates of illicit drug use are rising among the Nation's youth and second, rates of heroin use are increasing, particularly because existing drug users are adding heroin to the list of drugs they consume. In addition, there are new users of heroin, many of them youth. The increase of drug use among youth threatens previous progress made against casual drug use and ultimately could lead to an upsurge in the number of chronic, hardcore drug users and the problems they create. This chapter discusses these trends and the evidence that supports them.

CASUAL DRUG USE

According to the 1993 National Household Survey on Drug Abuse (NHSDA), more than 77 million people reported that they had used illicit drugs at some time during their lives. Almost 70 million of these people reported using marijuana, 23 million had tried cocaine, 4 million had tried crack-cocaine, 18 million had tried hallucinogens, and more than 2 million had tried heroin. Figure 2-1 shows that in 1993, 37.2 percent of the civilian noninstitutionalized population ages 12 and older reported illicit drug use in their lifetimes. Almost 11.8 percent reported using illicit drugs within the past year, and 5.6 percent reported using illicit drugs within the past month.¹

Marijuana was the most frequently used illicit drug, with 33.7 percent of the civilian noninstitutionalized population reporting its use some time during their lives. Nine percent reported marijuana use within the past year, and 4.3 percent

Figure 2-1
Percentages of Individuals in Households Reporting Lifetime, Past Year, and Past Month Use of Illicit Drugs, 1993



Source: National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration, 1993

reported use within the past month. Marijuana use is considered problematic because it long has been considered a gateway drug. Like alcohol and tobacco, marijuana use can lead to the use of stronger drugs such as cocaine and heroin.² Furthermore, the National Institute on Drug Abuse reports that marijuana use interferes with short-term memory, learning, and motor skills performance. There also is the evidence that regular marijuana smoking harms the pulmonary function.

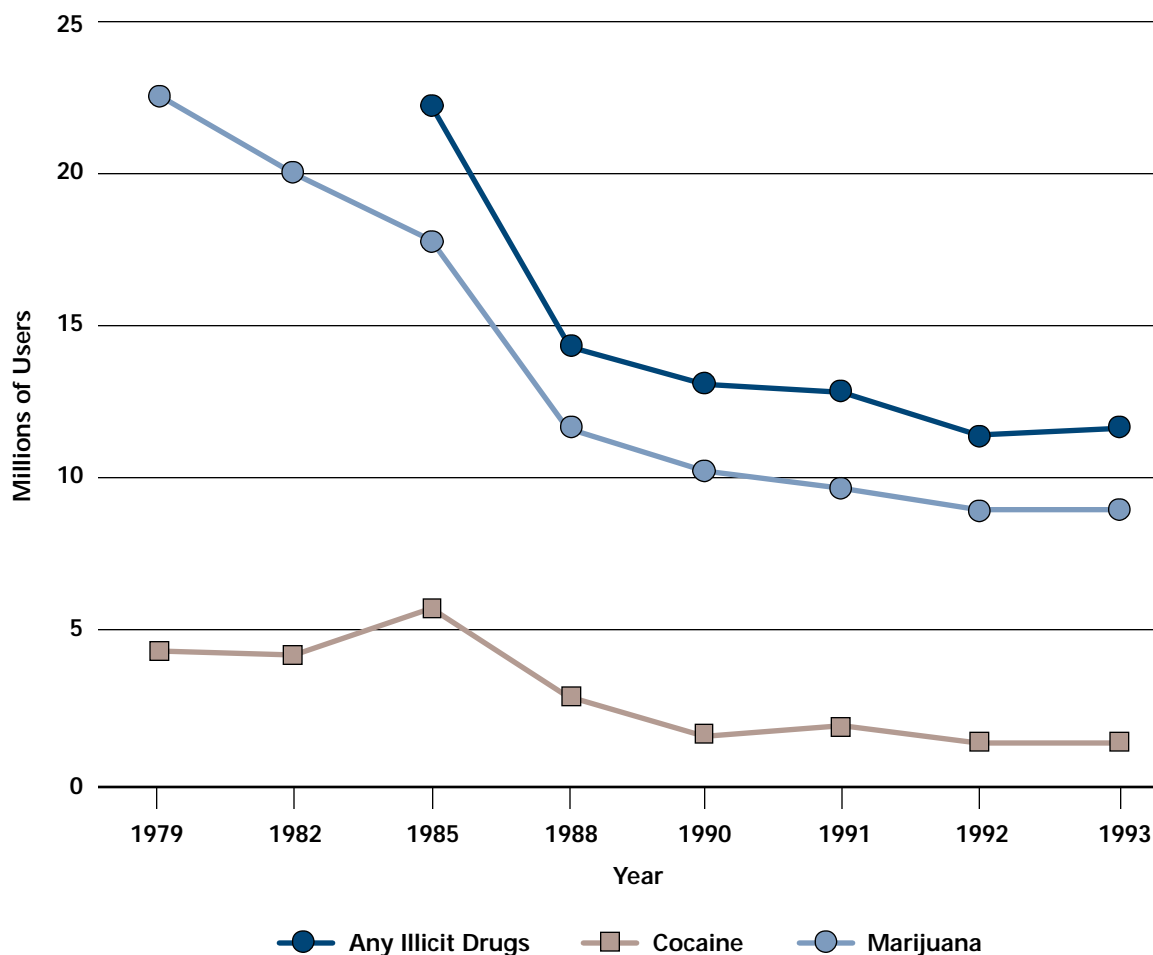
Cocaine was the next most frequently used illicit drug, with 11.3 percent of the civilian noninstitutionalized population reporting its use within their lifetimes. Past-year use of cocaine was 2.2 percent, and past-month use was 0.6 percent. It is important to note that the actual use of these drugs by the total U.S. population is probably higher, both because survey respondents underreport drug use and because chronic, hardcore drug users probably are not well represented in drug

prevalence surveys.³ The Office of National Drug Control Policy's (ONDCP's) most recent *Pulse Check*⁴ for the quarter ending December 1994 reports cocaine use and availability have stabilized in most areas of the country. However, cocaine, especially crack-cocaine, continues to be in high demand throughout the country, and in some areas, cocaine use is reported to be on the rise.

Figure 2-2 shows that since 1985, past-month use of illicit drugs has declined significantly. The total number of individuals from the NHSDA reporting current illicit drug use declined from

22.3 million users in 1985 to 11.7 million users in 1993. A decline in marijuana use that began after 1979 accounts for most of this success. The total number of current marijuana users has declined from 22.5 million users in 1979 to 9 million users in 1993. During that same period, current cocaine use declined from 4.2 million to 1.3 million. Although this long-term trend is encouraging, the results from the 1993 NHSDA suggest that the general decline may have ended. No significant changes in illicit drug use, up or down, were reported in 1993, compared with 1992. The net effect is that current drug use appears to have stabilized in the general population during 1993.

Figure 2-2
Past Month Use of Any Illicit Drugs, Marijuana/Hashish, and Cocaine, 1979-93



Source: National Household Survey on Drug Abuse, National Institute on Drug Abuse, 1979-91, Substance Abuse and Mental Health Services Administration, 1992-93

However, as mentioned in this chapter's outset, illicit drug use by adolescents is increasing.

HARDCORE DRUG USE

Currently, national surveys such as the NHSDA are limited in their ability to accurately estimate the number of chronic, hardcore users of illicit drugs.⁵ In an effort to gain needed knowledge about this population, ONDCP has initiated a major 2-year research project, the Hardcore User Survey Pilot Study. This project will test the efficacy of a new methodology to derive estimates of the number of hardcore drug users, using an application of mathematical models that represent the processes by which people who use drugs make

contact with various elements of the criminal justice, drug treatment, and health care systems. The study is being conducted in Cook County, Illinois, and the results of the test phase should be available by the fall of 1995.

Until the results of the Hardcore User Survey Pilot Study are available, ONDCP is estimating

the size of this drug user population by using a statistical estimation technique using data drawn from several sources.⁶ The results indicated by this method suggest that the numbers of hardcore drug users of cocaine and heroin have remained relatively unchanged since 1988, and the total population of chronic, hardcore drug users was 2.7 million in 1993—with about 2.1 million people using primarily cocaine and 600,000 using primarily heroin.

Chronic, hardcore drug users continue to be responsible for the bulk of illicit drug consumption in America today. Figure 2-3 illustrates the disproportionate amount of drugs they consume. For example, chronic users—only 20 percent of the drug-using population—consume about two-thirds of the total amount of cocaine in this country. The large amount of cocaine consumed by a minority of users makes one thing clear: The goal of reducing the overall rates of illicit drug use in

this country cannot be achieved without targeting the chronic, hardcore-drug-using population with intensified programmatic efforts.

EMERGING DRUG USE TRENDS

As mentioned at the beginning of this chapter, two alarming trends are emerging. Of greatest concern are the trend indicating the increase in adolescent drug use and the changes in young people's attitudes about the dangers of illicit drug use and the acceptability of such use. Use of marijuana shows the most increase, and while other illicit drugs do not yet appear to be following the same track, marijuana often is a gateway to other drugs, such as cocaine and heroin, both of which are readily available on the streets of the Nation's cities.

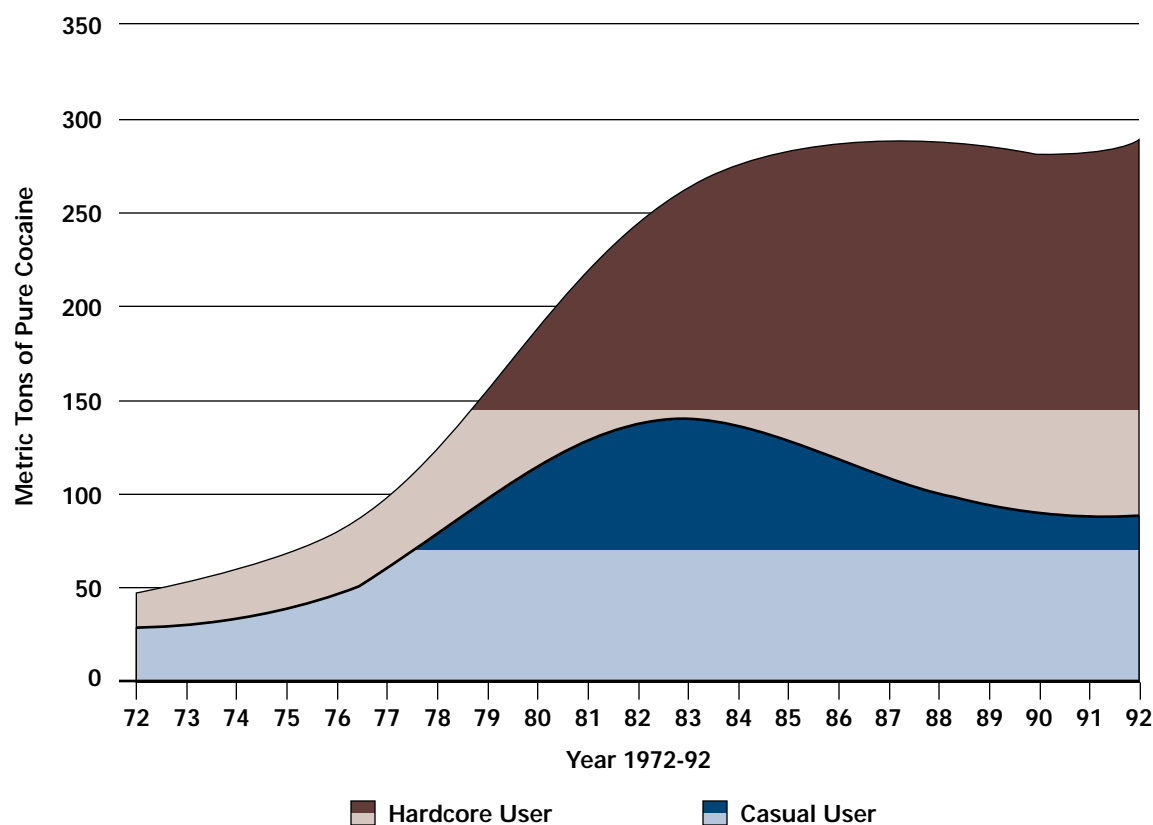
Adolescent Drug Use

Antidrug messages are losing their potency among the Nation's youth. Drug use surveys report that adolescents may be increasing their use of illicit drugs, particularly marijuana and hallucinogens. Figures 2-4 through 2-7 show drug use trends among the adolescent population. The data are from the 1994 Monitoring the Future (MTF) study, which provides information on drug use trends and patterns by students in the 8th, 10th, and 12th grades. The 1991 MTF study found evidence that attitudes against regular use of marijuana were weakening among youth.⁷ This attitude change was followed by an increase in reported drug use in the 1992 MTF study, a trend that is continuing into the present. For the second year in a row, past-month use of marijuana as well as of other drugs such as stimulants, hallucinogens, and inhalants continued to increase among this particular population.⁸ The 1994 MTF study reported that lifetime, annual, and 30-day prevalence of drug use increased between 1993 and 1994 for 8th, 10th, and 12th grade students. Findings concerning drug use include the following:

- Lifetime, annual, 30-day, and daily use of marijuana increased significantly for 8th, 10th, and 12th grade students between 1993 and 1994.

Of greatest concern are the trend indicating the increase in adolescent drug use and the changes in young people's attitudes about the dangers of illicit drug use and the acceptability of such use.

Figure 2-3
Annual U.S. Consumption of Cocaine by Type of User, 1972-92



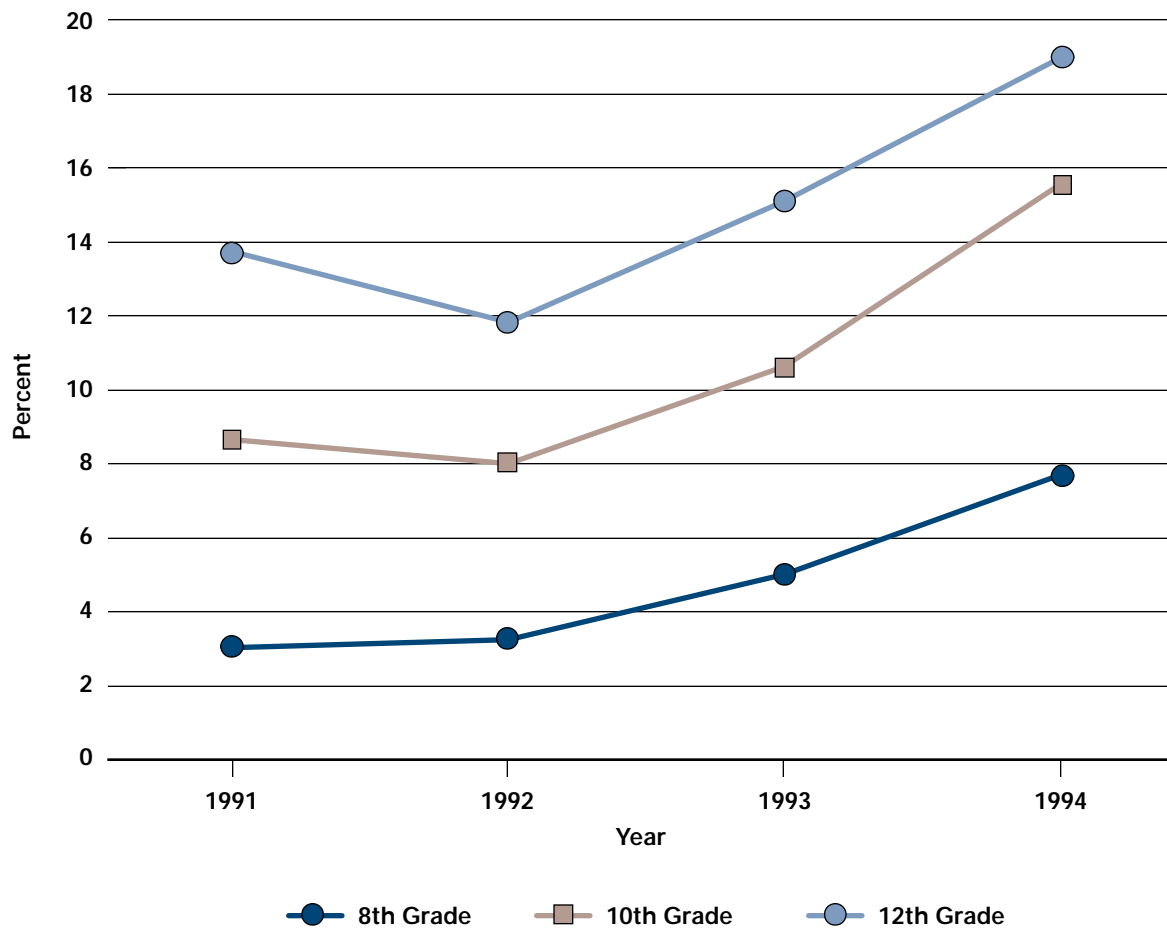
Source: *Modeling the Demand for Cocaine*, RAND Corporation, 1994

- Annual use of LSD (lysergic acid diethylamide) increased significantly for 10th grade students between 1993 and 1994.
- Lifetime, annual, and 30-day use of cocaine powder increased significantly for 8th grade students between 1993 and 1994. Cocaine powder use also increased significantly for 10th graders for reported lifetime and annual use. Crack-cocaine showed a similar pattern, except for the 10th grade students, who reported significant increases in annual use only.
- The prevalence of other drug use (e.g., stimulants and inhalants) increased between 1993 and 1994. However, these increases were not statistically significant.

The 1994 MTF study also reported a further deterioration in attitudes about and perceptions of risks associated with drug use. Trends in perceived harmfulness of drugs—defined by the percentage of students saying there was “great risk” associated with drug use—showed declines in many areas. Findings concerning attitudes about the harmfulness of drug use include the following:

- Eighth and 10th grade students reported statistically significant declines in marijuana’s perceived harmfulness.
- Eighth and 10th grade students reported statistically significant declines in LSD’s perceived harmfulness.

Figure 2-4
Past Month Use of Marijuana Among 8th, 10th, and 12th Graders, 1991-94



Source: Monitoring the Future Study, Institute for Social Research, University of Michigan, 1991-94

- Eighth grade students reported statistically significant declines in the perceived harmfulness of cocaine powder and crack-cocaine use. Twelfth grade students perceived cocaine use to be more harmful, but the increase was not statistically significant.

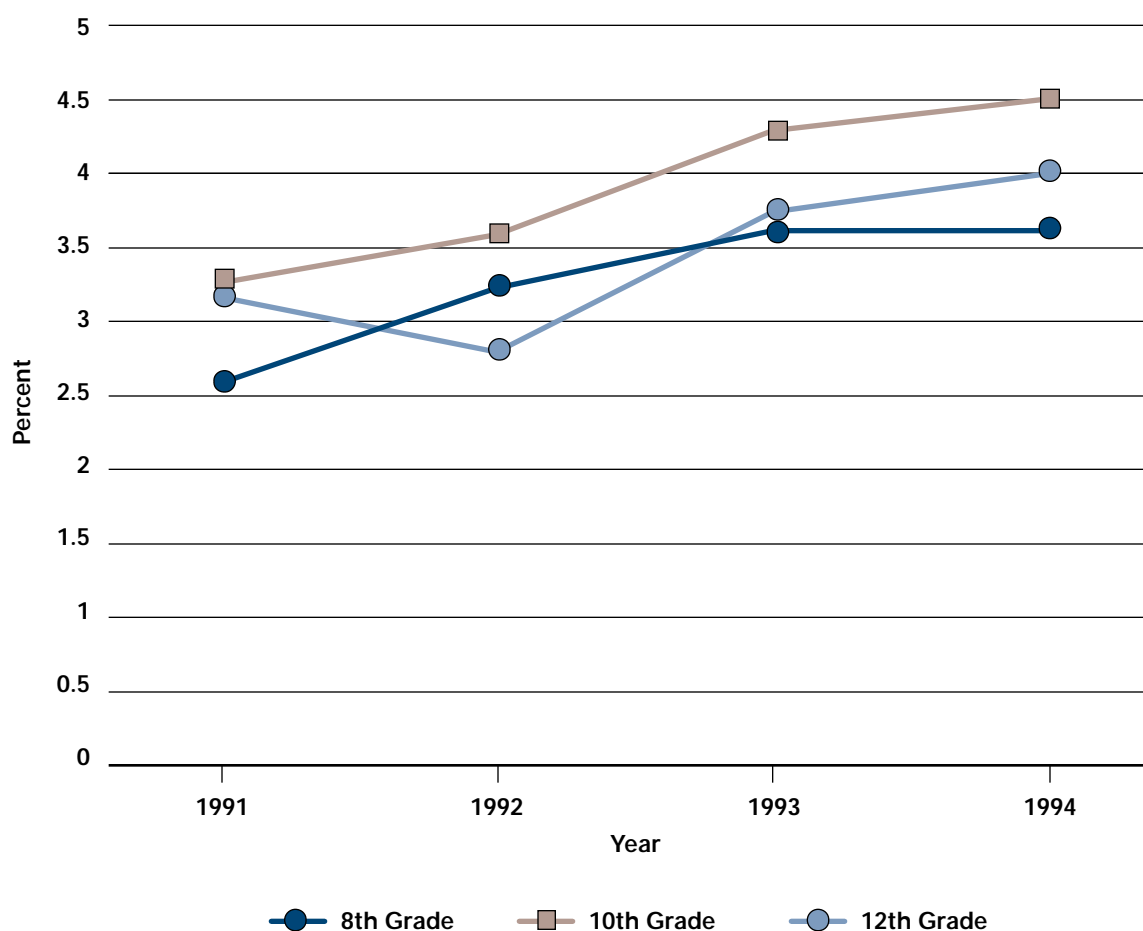
Trends in disapproval of drug use, as defined by students saying they “disapprove” or “strongly disapprove” of people who use drugs, also showed deterioration; these findings include the following:

- Eighth, 10th, and 12th grade students reported significant declines in disapproval rates for students who use marijuana.

- Tenth and 12th grade students reported significant declines in disapproval rates for those students who use LSD once or twice.
- Eighth and 10th grade students reported significant declines in disapproval rates for students who use crack-cocaine or cocaine powder.

The 1993 NHSDA confirmed the decreases in disapproval rates for those within the 12 to 17 age bracket. The national Parent Resource Institute for Drug Education (PRIDE) survey, another survey of students, also reported a similar trend in its review of drug use within selected school systems for the school years 1992-93 and 1993-94.⁹

Figure 2-5
Past Month Use of Stimulants Among 8th, 10th, and 12th Graders, 1991-94



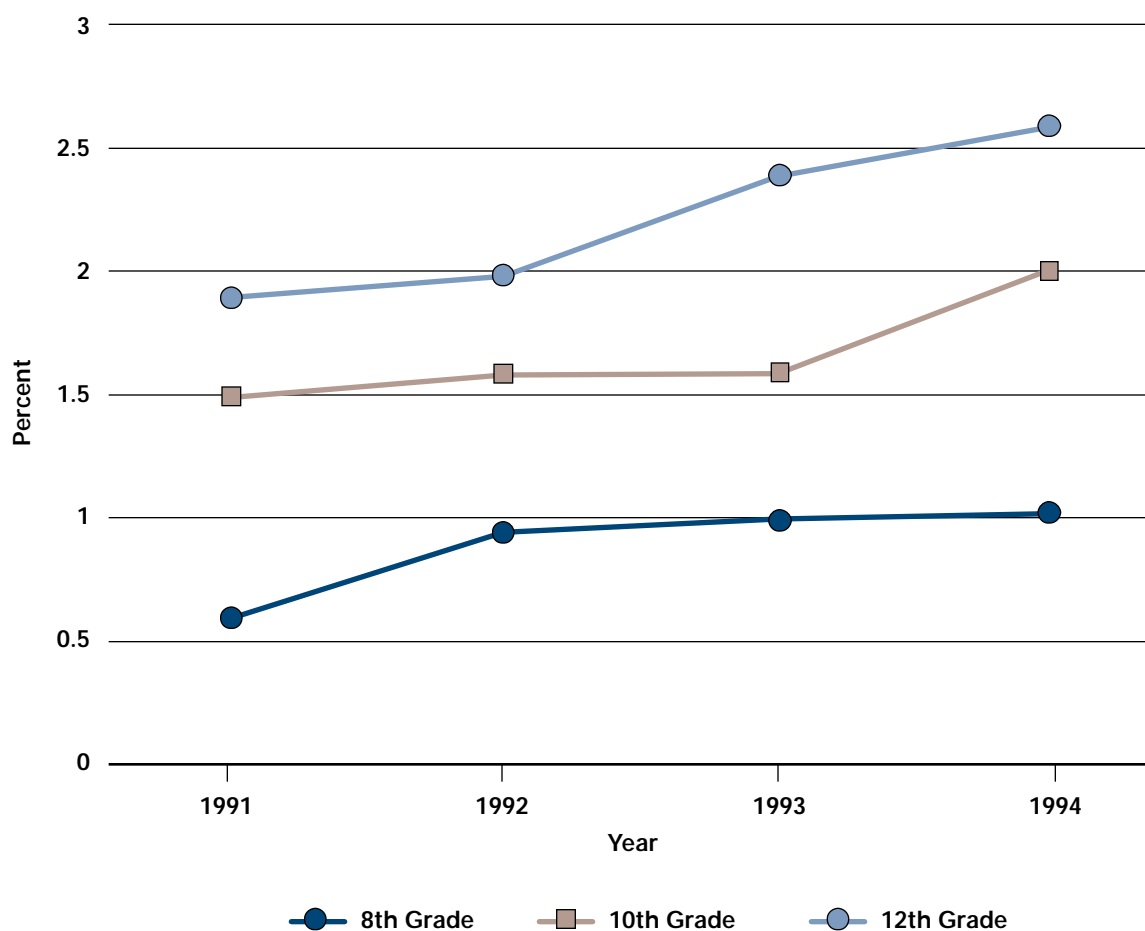
Source: Monitoring the Future Study, Institute for Social Research, University of Michigan, 1991-94

Upsurges in illicit drug use among adolescents are linked to their use of alcohol and tobacco. The Center on Addiction and Substance Abuse at Columbia University performed a study that found evidence to suggest a consistent statistical relationship between adolescents smoking tobacco cigarettes and drinking alcohol and their subsequent smoking of marijuana, and between adolescent use of cigarettes, alcohol, and marijuana and their subsequent use of illicit drugs such as cocaine and heroin.¹⁰ The study includes the following findings:

- Eighty-nine percent of those who tried cocaine had first used alcohol, tobacco, or marijuana.
- Ninety percent of youth (ages 12 to 17) and adults who used marijuana had first smoked cigarettes or drank alcohol.
- Youth who used the gateway drugs (alcohol, tobacco, and marijuana) were 266 times more likely to use cocaine than were youth who had never used a gateway drug.

Unless the increased marijuana use by the Nation's youth is reversed, it is likely that new, younger users will progress into more severe and debilitating drug use. ONDCP's *Pulse Check*, a quarterly research report on trends in drug abuse as observed by drug ethnographers, epidemiolo-

Figure 2-6
Past Month Use of LSD Among 8th, 10th, and 12th Graders, 1991-94



Source: Monitoring the Future Study, Institute for Social Research, University of Michigan, 1991-94

gists, treatment providers, and police, has noted the beginnings of this process.

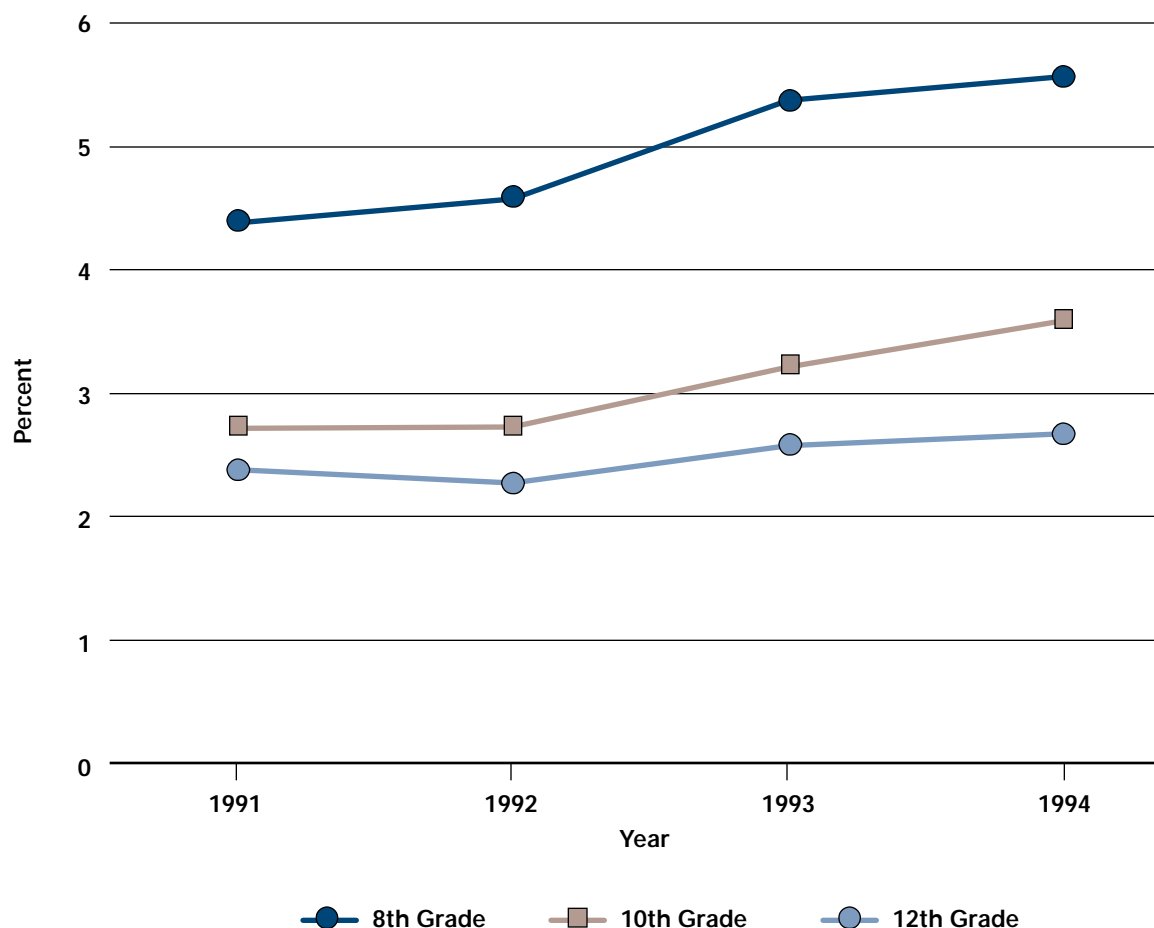
Heroin Consumption

The increased availability of heroin has the potential to attract new users who have forgotten or ignored the messages about heroin's addictive properties. As long as heroin continues to be inexpensive, abundant, and highly potent, there is a threat of increasing rates of heroin use, or even another heroin epidemic.¹¹

The strongest sign of an epidemic is the entry of a large number of new users (new initiates) into

illicit drug use. There is no systematic evidence that this is the case with heroin, even though ONDCP's *Pulse Check* is reporting an increasing number of new initiates into heroin use in some areas. New users are of particular concern, because they tend to instigate drug use among their friends and peers. New users, especially those in their first year of use, are more likely to get others to use drugs because they have not begun to suffer the health and legal consequences of their drug use. Long-term users, especially chronic, hardcore drug users, are the least likely to initiate new users into illicit drug use.¹²

Figure 2-7
Past Month Use of Inhalants Among 8th, 10th, and 12th Graders, 1991-94



Source: Monitoring the Future Study, Institute for Social Research, University of Michigan, 1991-94

There are clear indications that heroin consumption is increasing, especially among existing heroin users (i.e., the amount consumed per user is going up). This trend is normal among older, long-term heroin users and can explain some consumption rate increases. However, heroin use also is on the rise among drug users whose prime drug of abuse is not heroin. The heroin-cocaine link is especially strong for long-term cocaine users, particularly long-term crack-cocaine users. These users often move into combined use with heroin because they find that it softens the impact of the "crash" that often follows a crack-cocaine binge. Furthermore, evidence suggests that heroin snorting has become more commonplace in those areas

of the country in which high-purity heroin is readily available, primarily in the northeastern United States.

The *Pulse Check* has been the most useful source of information about current heroin use trends. It has reported that heroin use nationwide is still low but is increasing. Heroin use is generally higher in most areas of the Northeast and Midwest than in portions of the South and West. The majority of heroin users are reported to be in their 30s or older, and they inject the drug. Also, an increasing number of adolescents and young adults now are beginning to use heroin, and some are shifting from inhaling to injecting the drug. Heroin deal-

ers are trying to encourage this trend by packaging heroin for those who inject and for those who inhale in different ways. In some areas, heroin dealers have begun tempting new users by first offering the drug processed for smoking rather than injecting. Throughout the country, treatment providers are reporting an increase in persons seeking treatment for heroin, with most new clients being males older than 30 years of age who inject the drug.

The observations of the *Pulse Check* are supported by another ONDCP report, *Tracking the Incidence of Heroin Use*, which found evidence of increased heroin use among the same populations.¹³

ONDCP will monitor the heroin situation closely to ensure that it appropriately responds to any signs that the situation is worsening.¹⁴

Nearly all illicit drug users continue to combine alcohol with other drugs. The most recent *Pulse Check* found that nationwide, hallucinogens and amphetamines are now the most common among emerging drugs.

Emerging Drug Use Trends

The *Pulse Check* has reported that the use of other illicit drugs also is on the rise in certain areas of the country. Hallucinogens are increasingly popular in some cities, including

Atlanta and New York. In other cities—including San Francisco, Denver, and Los Angeles—there are reports that amphetamine use, especially in combination with other drugs, is becoming a significant problem. In Florida and Texas, teenagers and college students are reported to be using ephedrine, a chemical precursor of amphetamine and a component of over-the-counter cold medications. It is often taken as a substitute for amphetamines, and its use could presage an increase in amphetamine use. Nearly all illicit drug users continue to combine alcohol with other drugs. The most recent *Pulse Check* found that nationwide, hallucinogens and amphetamines are now the most common among emerging drugs.

ENDNOTES

¹ For a long-term perspective of trends in drug use, see Harrison, L., and Kopstein, A. "A Twenty-Plus Year Perspec-

tive on Adolescent Drug Use." Paper presented at the Annual Meeting of the American Society of Criminology, November 9-12, 1994, Miami, FL.

² Califano, J. *Cigarette, Alcohol, Marijuana: Gateways to Illicit Drug Use*. Columbia University Center on Addiction and Substance Abuse. New York: October 1994.

³ *Drug Use Measurement: Strengths, Limitations, and Recommendations for Improvements*. United States General Accounting Office, Report to the Chairman, Committee on Government Operations, House of Representatives, June 1993. (GAO/PEMD-93-18)

⁴ ONDCP's *Pulse Check* is a quarterly report that summarizes and reports on the observations of street ethnographers, police officials, and treatment providers. It provides the only source of current, subjective information on drug use and availability. This information is in contrast with the comparatively out-of-date, objective profiles provided by drug surveys. *Pulse Check* data are intended to complement, not substitute for, traditional data sources. The value of *Pulse Check* lies in its timeliness. Information for the end of a particular quarter is available for use by policymakers within 30 days.

⁵ Existing prevalence surveys tend to produce unreliable estimates for this user population of chronic, hardcore drug user. For many reasons, chronic, hardcore drug users are difficult to locate and contact for interviews. Even if they are located and interviewed, a large portion of hardcore drug users often are involved in significant criminal activity and are prone to denial as a defensive technique, so they tend to downplay all of their negative behaviors, including drug use.

⁶ For a discussion of the methodology used to estimate the number of hardcore users of cocaine and heroin, see the report by Abt Associates, Inc., *What America's Users Spend on Illegal Drugs, 1981-1991*, prepared under contract to ONDCP, July 1993.

⁷ The 1991 MTF survey reported that the percentage of students disapproving of regular marijuana use declined from the previous year, reversing a 13-year trend.

⁸ The *Pulse Check* also reports marijuana use is on the rise, particularly among teenagers and persons in their early twenties. Use is reported to be on the rise everywhere in the country. Most users are young, but marijuana also is being used by older heroin and cocaine users. Individuals seeking treatment generally consider marijuana to be a secondary drug to alcohol and other drugs. However, users seeking treatment in many areas of the country have begun to indicate that they have problems with marijuana on its own.

⁹ Each school year, PRIDE, a private national drug prevention organization based in Atlanta, GA, interviews more

than 200,000 junior high and high school students about the use and availability of drugs and alcohol. Although the data are not nationally representative, the information collected by PRIDE provides much insight into drug use patterns and trends among the Nation's youth.

¹⁰ Califano, J. *Cigarette, Alcohol, Marijuana: Gateways to Illicit Drug Use*. Columbia University Center on Addiction and Substance Abuse. New York: October 1994.

¹¹ In general, national prevalence surveys are of little value in exposing the nature and extent of heroin use in the United States. The 1993 NHSDA reported a decline in the number of past-month users, but the decline was not judged to be statistically significant.

¹² For more discussion about the conditions for a heroin epidemic, see BOTECH Analysis Corp.'s "Heroin Situation Assessment, a report prepared for the Office of National Drug Control Policy, January 1992.

¹³ Hunt, D., and Rhodes, W. *Tracking the Incidence of Heroin Use*. Abt Associates, Inc., 1993.

¹⁴ ONDCP is reviewing the heroin situation and developing a new heroin strategy. For more discussion, refer to Chapter VIII, "Action Plan for Strengthening Interdiction and International Efforts."

III. Drug Use and Its Consequences

Drugs = Crime = Violence = Health Costs = Chronic, Hardcore Addicts = Drugs. The math is simple. The cost is unacceptable. A close look at the serious consequences of drug use makes one thing clear: America cannot afford to not treat the chronic, hardcore drug-using population.

The revolving door of criminal justice must be brought to a halt. Too many people move through the insidious cycle of drug use-crime-imprisonment-release-drug use. Neighborhoods can't take anymore. Neither can the children. Drug use clouds the mind and poisons the spirit. The cycle must be broken. Working families must regain their communities so they can live without fear or threat to their security.

The heavy toll drug use exacts on the United States is most easily measured by the criminal and medical costs imposed on and paid for by the Nation's taxpaying citizens. One estimate places the total cost of drug use at \$67 billion.¹ Almost 70 percent of this is attributable to the costs of crimes; the remainder reflects medical and death-

related costs. Research has shown that drug users, especially those who are most severely addicted, are responsible for many of these crimes. Furthermore, the expense of building new jails and prisons adds to this estimate because the bulk of the incarcerated population growth stems from drug law violations. A large percentage of the increase in drug-related homicides, especially among youth, is also related to drug use and drug trafficking. Any reasonable strategy aimed at reducing the crime, violence, and health consequences related to drug use must include steps to address the full range of problems associated with chronic, hardcore drug use.

DRUGS, CRIME, AND VIOLENCE

Nowhere are the consequences of illicit drug use and drug trafficking more visible than in the magnitude and pattern of drug-related violence. Nationally, the number of drug-related murders has risen steadily since the mid-1980s, peaking at 7.4 percent of all murders in 1989 (see Table 3-1). Since then the rate has declined to 5.2 percent of

Table 3-1. Drug-Related Murders: United States, 1986-93

	1986	1987	1988	1989	1990	1991	1992	1993
Total murders	19,257	17,963	17,971	18,954	20,273	21,676	22,540	24,526
Murder related to narcotic drugs laws	751	880	1,006	1,403	1,358	1,344	1,285	1,287
Percent of all murders	3.9	4.9	5.6	7.4	6.7	6.2	5.7	5.2

Source: Bureau of Justice Statistics. Drug and Crime Facts, 1993-1994.

all murders, but this level of drug-related violence still is unacceptable.

More troubling is the change in the age-specific pattern for murders during this period. A recent study on youth, violence, and the illicit drug industry identified two major changes that have occurred between 1985 and 1992.² Age-specific statistics indicate the following:

- The number of homicides committed by youth ages 18 and younger has more than doubled, while there has been no growth in homicide rates by adults ages 24 and older.
- The number of homicides committed by juveniles involving guns has more than doubled, while there has been no change in the number of homicides committed by juveniles not involving guns.

The study speculates that these changes may relate to the nature of illegal drug markets, the predatory practices of drug dealers, and the inability of the juvenile justice system to adequately deal with violent juvenile offenders. The study notes with particular concern the practice of drug dealers actively recruiting juveniles and arming them with guns because they are not subject to the same criminal penalties as older individuals. This practice in large part is responsible for

today's high levels of drug-related violence among juveniles.

The Parent Resource Institute for Drug Education (PRIDE) has investigated the correlation between violent behavior and the use of various drugs. The most recent PRIDE survey demonstrated strong supporting evidence for a link between drug use and violent crime among the Nation's youth (see Figures 3-1 and 3-2).³ The survey reported that students who bring guns to school, participate in gang activities, threaten a teacher or another student at school, contemplate suicide, or are in trouble with the police, are more likely to use drugs

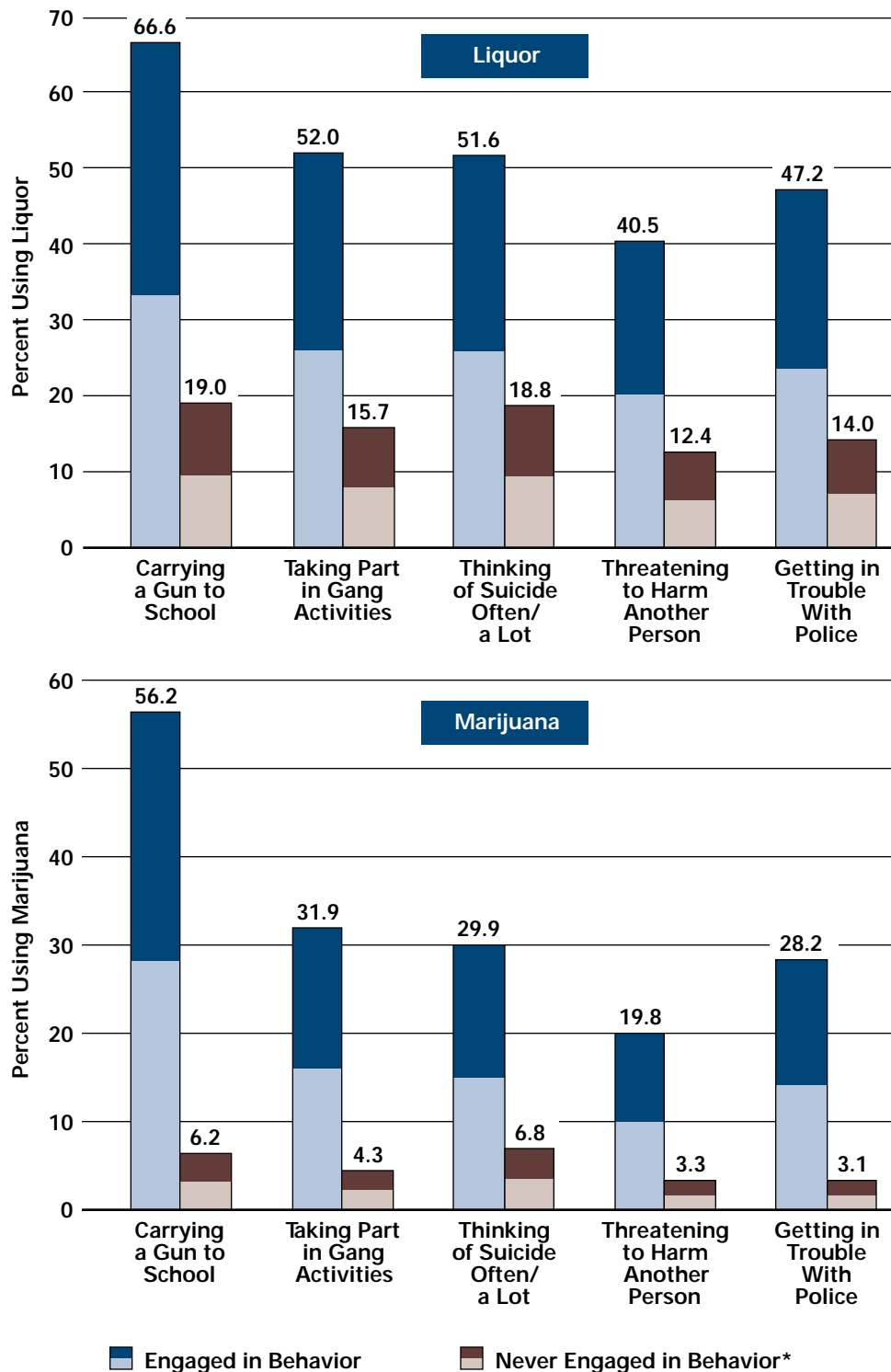
than are students who do not engage in these behaviors. In addition, the study found the following:

- A relationship exists between cocaine use and violence. Of the students surveyed, 4.3 percent of those in junior high school and 7.4 percent of those in high school reported that they carried guns to school. Of those in high school who reported having carried guns to school, 31 percent used cocaine; of those who never carried guns to school, only 2 percent used cocaine. The same relationship was found among junior high school students: 27 percent of those who had carried guns to school reported using cocaine, whereas less than 1 percent of those who never carried guns to school reported using cocaine.
- An ever stronger relationship exists between marijuana use and violence. For high school students, 66 percent of those who had carried guns to school used marijuana. For junior high school students, 56 percent of those who had carried guns to school used marijuana.
- Marijuana and cocaine use and gang activity also were highly related. Fourteen percent of high school students and 15 percent of junior high school students claimed to have participated in some type of gang activity. Nineteen percent of those in gangs reported cocaine use, compared with 2 percent of those who were not in gangs.

Drugs, drug use, and crime are inextricably linked, and progress in reducing drug use will have a direct and positive impact on reducing criminal activity. Drug users often commit criminal offenses such as theft and prostitution to support an existing drug habit. There also is a certain amount of violence associated with the drug market, both violence from the effects of the drugs, such as cocaine-induced psychosis, and violence between rural distributors competing for market advantage. Of those incarcerated for violent offenses in Federal and State prisons in 1991, 55 percent of Federal inmates and 57 percent of State inmates reported regular use of an illicit drug at

The most recent PRIDE survey demonstrated strong supporting evidence for a link between drug use and violent crime among the Nation's youth.

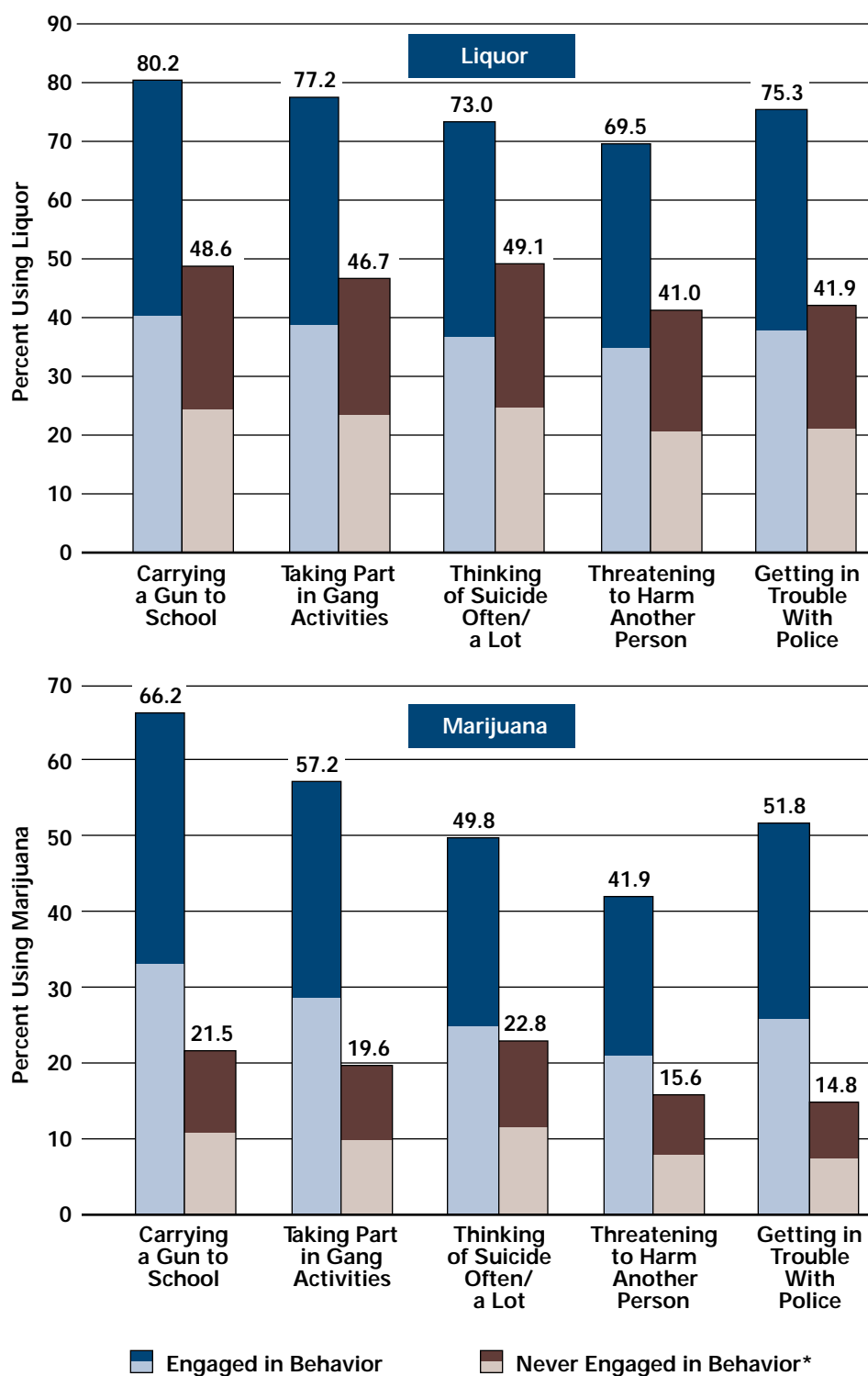
Figure 3-1
Use of Liquor and Marijuana Among 6th-8th Graders According to
Engagement in Violent Behavior, 1993-94



* For "Thinking of Suicide Often/A Lot," the responses are never, seldom, and some.

Source: 1993-94 PRIDE USA Survey

Figure 3-2
Use of Liquor and Marijuana Among 9th-12th Graders According to
Engagement in Violent Behavior, 1993-94



* For "Thinking of Suicide Often/A Lot," the responses are never, seldom, and some.

Source: 1993-94 PRIDE USA Survey

some point in the past. One-quarter of inmates in prison for violent offenses committed the offenses while under the influence of drugs. Many of these inmates reported committing crimes to obtain money for drugs.⁴

The National Institute of Justice's (NIJ's) Drug Use Forecasting (DUF) program also has demonstrated the strength of the drug-crime relationship.⁵ The DUF program assesses drug use among those arrested and charged with crimes by taking urine specimens from a sample of arrested individuals and testing the specimens for the presence of 10 drugs. In 1993 the 23 DUF sites around the Nation reported that more than 50 percent of arrestees tested positive for an illicit substance.⁶ Among the sites, positive tests for cocaine ranged from 19 to 66 percent in males and from 19 to 70 percent in females. Tests showed that heroin and opiate use ranged from 1 to 28 percent for males and from 3 to 23 percent for females. Not surprisingly, the DUF sites that experienced the highest rates of drug prevalence are located in cities with high crime rates.

An independent study by the National Institute on Drug Abuse (NIDA) also presents data on the extent of illegal activity among drug users.⁷ Figure 3-3 indicates a high incidence of criminal activity among drug users who are not in treatment. Approximately one-half of the respondents in the study reported legal sources of income, but one-half also reported illegal sources. Of those reporting legal income, 38 percent reported receiving support from family and friends, 46 percent reported some work-related income, and 47 percent reported that they derived income from public assistance. Of those reporting illegal sources of income, 42 percent reported drug-related income, 30 percent reported income from property crime, and 23 percent reported income from prostitution.

The following study findings indicate the key role drug use plays in the total number of accidental deaths due to driving under the influence of alcohol and other drugs each year:

- From January 1988 through July 1989, 18.2 percent of the 643 New York City drivers who died within 48 hours of being involved in an

automobile accident tested positive for cocaine.⁸

- Almost 60 percent of reckless-driving arrestees in Memphis, Tennessee, who were not under the influence of alcohol tested positive for illicit drugs—33 percent for marijuana, 13 percent for cocaine, and 12 percent for both drugs. Of those who were intoxicated, 85 percent also tested positive for marijuana and cocaine.⁹

To reduce the rate of criminal activity associated with chronic, hardcore drug use, the Nation must address the problems of the chronic, hardcore user. The fastest and most cost-effective way to accomplish this objective is to force more chronic, hardcore drug users into treatment.¹⁰

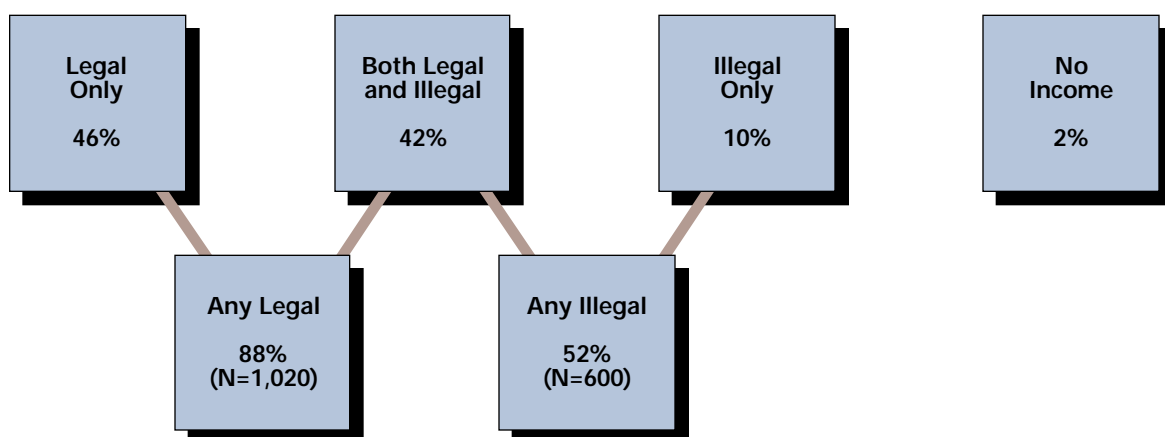
One-quarter of inmates in prison for violent offenses committed the offenses while under the influence of drugs. Many of these inmates reported committing crimes to obtain money for drugs.

DRUG ARRESTS

The Federal Bureau of Investigation reported an estimated 1,126,300 total arrests for drug law violations in the United States in 1993. These offenders are straining the criminal justice system and in some instances taking up prison space that is needed to incarcerate violent offenders. Table 3-2 shows that this is below the peak level of arrests of 1,361,700 in 1989; however, it should be noted that arrests in 1993 represent the second highest level on record. Arrests for drug offenses accounted for 8 percent of all arrests nationwide.

The growth in the number of persons arrested for drug law violations is the principal reason for the growth in the prison population. In turn, the increase in the number of persons arrested for drug law violations reflects increasingly stringent drug laws, and in particular, the enforcement of mandatory minimum sentences. According to the Department of Justice, Bureau of Justice Statistics (BJS), in 1994 the Nation's Federal and State prison population exceeded 1 million for the first time in history.¹¹ At the end of June 1994, State prisons held 919,143 inmates, and Federal prisons held 93,708 inmates.

Figure 3-3
Income Amounts,^{1,2,3} Past 30 Days (N=1,154)



LEGAL SOURCES:

(of those with any legal income)

Public assistance	47%
Paid job, salary, self-employment	46%
Family, friends	38%
Social Security, disability	13%
Unemployment	2%

ILLEGAL SOURCES:

(of those with any illegal income)

Drug-related (Median amount of drug-related income, \$450)	42%
Property crimes (Median amount of property crime income, \$450)	30%
Commercial sex (Median amount of commercial sex income, \$300)	42%
Violent crimes	2%

MEDIAN INCOME AMOUNTS (past month)

Total Sample:

Median legal income	\$320
Median illegal income	\$35
Median total income	\$630

Of Those Reporting Illegal Income:

Median legal income	\$280
Median illegal income	\$448
Median total income	\$900

¹ All percentages are adjusted for missing responses due to recall or refusal.

² "Paid job, salary, self-employment" may include hustling or day work paid in cash; not all of this income is likely to be legal.

³ Due to skewed distributions for income amounts, median legal and illegal income do not add to median total income.

DRUGS AND HEALTH

The health costs of drug use are growing quickly, especially as an increasing number of chronic, hardcore drug users seek medical attention for health problems relating to their long-term drug use. Nowhere is this growth in health costs more clearly visible than in the Nation's hospitals. For example, 466,900 drug-related hospital emergency

room (ER) episodes were reported to the Drug Abuse Warning Network (DAWN)¹² in 1993. The rate of drug-related ER episodes per 100,000 of the total U.S. population increased 22 percent, from 167 in 1990 to 204 in 1993. Nearly one-half of all episodes involved the use of two or more drugs. The increase in cocaine-related ER episodes is the principal reason for increased total drug-related ER episodes from 1985 through 1993.

Table 3-2. Drug-Related Arrests: United States, 1988-93

	1988	1989	1990	1991	1992	1993
Total arrests	13,812,300	14,340,900	14,195,100	14,211,900	14,075,100	14,036,300
Drug-related arrests	1,155,200	1,361,700	1,089,500	1,010,000	1,066,400	1,126,300
Percent of all arrests	8.4	9.5	7.7	7.1	7.6	8.0

Source: National Uniform Crime Reporting Program, Federal Bureau of Investigation, 1988-93.

(except for 1990). The percentage of drug-related ER episodes caused by cocaine use increased from 1 percent in 1978 to 26 percent in 1993. During the same period, heroin-related ER episodes increased from 4 to 13 percent of total drug-related ER episodes.

A drug-related hospital ER episode represents a valuable opportunity for referring drug abusers to appropriate treatment programs. Unfortunately, the present lack of drug treatment capacity prevents inpatient hospital services from helping drug users in their care and making referrals to treatment facilities. ERs across the Nation are burdened with these types of medical cases. This issue is discussed in more detail later in this chapter.

Figure 3-4 shows that in 1993 the most frequently cited reason for a drug-related ER visit was "overdose," accounting for 53 percent of all drug-related ER episodes. "Unexpected reaction" and "chronic effects" were the next most frequently cited reasons. Figure 3-5 shows recent trends in heroin and cocaine ER episodes. Heroin-related episodes have been increasing steadily since the early 1980s, and they reached their highest level in 1993. DAWN study findings for heroin-related ER episodes include the following:

- In 1993, 41 percent of heroin-related episodes occurred among individuals between the ages of 34 and 44. Heroin episodes have more than doubled for this age group since 1988.
- An analysis of the heroin data¹³ suggests that the record number of cases of heroin-related ER episodes could be the result of the cumulative adverse health effects of prolonged heroin use. The analysis also suggests that heroin-

related episodes will continue to increase as long as chronic, hardcore heroin use continues unabated.

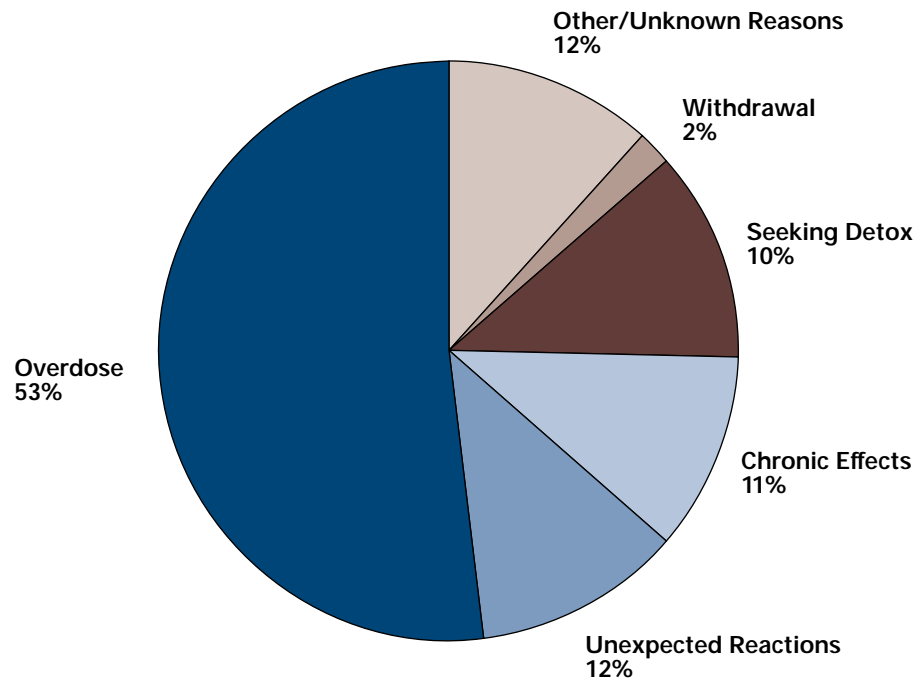
DAWN reports that the strong upward trend in cocaine-related ER episodes has stabilized, but the episodes remain at record levels. For example, an estimated 123,300 cocaine-related episodes were reported in 1993. DAWN reports the following findings:

- In 1993, 43 percent of cocaine-related episodes occurred among individuals between the ages of 26 and 34.
- "Seeking detoxification" was the most commonly cited reason for an emergency department visit by cocaine users, followed by "unexpected reaction" and "chronic effects."
- Since 1990 the number of cocaine-related ER episodes for those older than 35 years has more than doubled. As is the case for heroin, it appears that prolonged cocaine use has an adverse effect on the health of its users.

The health costs of drug use are growing quickly, especially as an increasing number of chronic, hardcore drug users seek medical attention for health problems relating to their long-term drug use.

The number of marijuana-related ER episodes has increased rapidly in recent years. Total episodes rose from 20,000 in 1990 to 29,200 in 1993—a 46-percent increase. Marijuana was likely to be mentioned in combination with other drugs, particularly alcohol and cocaine. In 1993 alcohol and cocaine were mentioned in 50 percent of marijuana-related episodes; only 20 percent of marijuana episodes involved marijuana alone.

Figure 3-4
Reason for Emergency Room Contact, 1993



Source: Drug Abuse Warning Network, Substance Abuse and Mental Health Services Administration, 1993

A strong linkage exists between certain diseases and illicit intravenous (IV) drug use; this type of drug use and the behaviors related to it harm users mostly by exposing them to HIV (Human Immunodeficiency Virus), hepatitis, and other diseases. However, chronic, hardcore drug users also exhibit high-risk sexual behaviors that are associated with transmission of certain diseases. A recent study that compared crack-cocaine users with nonusers found that users' high-risk sexual practices accounted

A drug-related hospital ER episode represents a valuable opportunity for referring drug abusers to appropriate treatment programs.

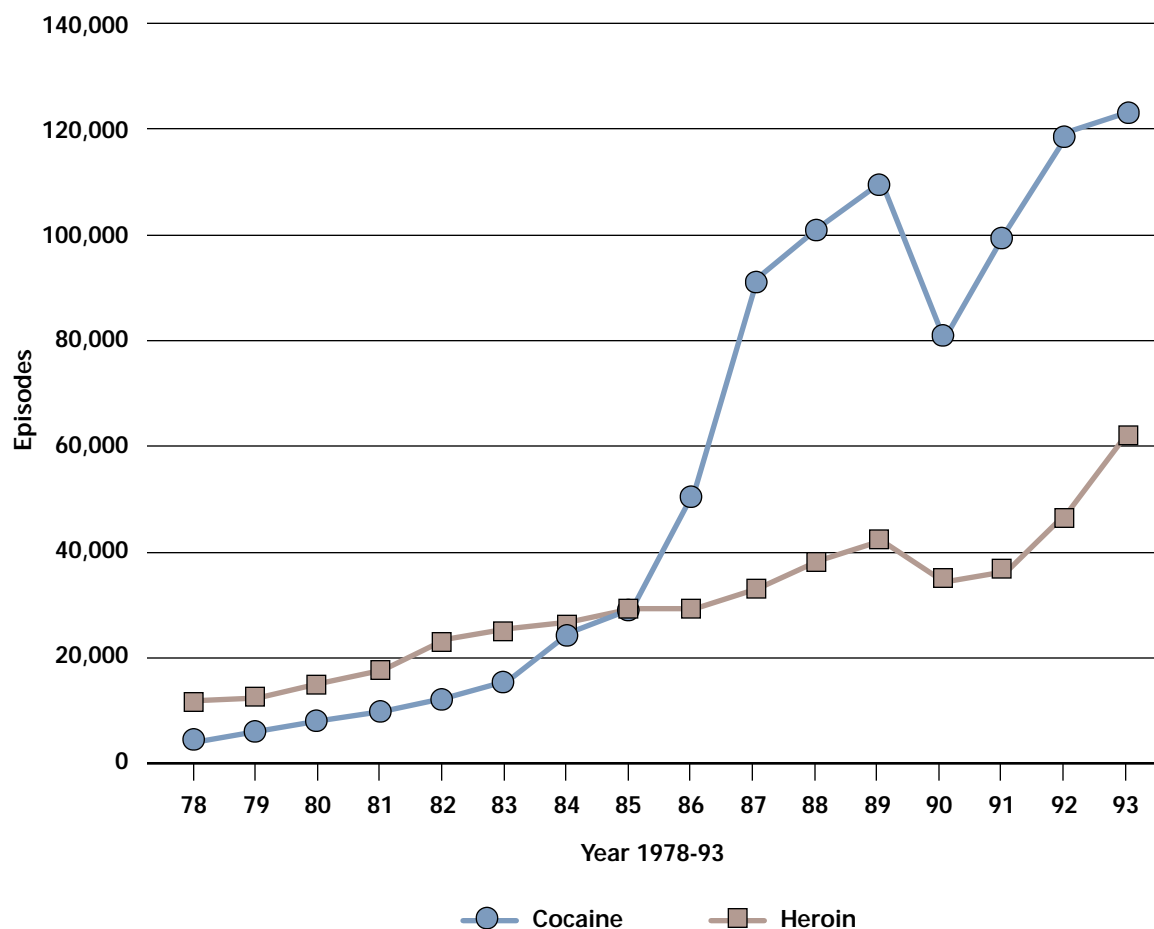
for their having higher rates of HIV infection.¹⁴ According to the Centers for Disease Control and Prevention (CDC), almost one-third of AIDS (Acquired Immune Deficiency Syndrome) cases were associated with IV drug users. The CDC also reports that almost 60 percent of children under age 13 with AIDS contracted the disease from mothers who were IV drug users or who were the sex partners of IV drug users.

TARGETING CHRONIC, HARDCORE DRUG USE

Chronic, hardcore drug use is clearly related to the high levels of crime, health problems, and violence in cities, towns, and neighborhoods across the Nation. This Strategy's immediate priority, therefore, is to target the problems created by this population of drug users. The following evidence supports this prioritization:

- Chronic, hardcore drug users account for two-thirds of the total amount of cocaine consumed in the United States, even though they comprise only 20 percent of all cocaine users. Therefore, it is the chronic, hardcore drug users who keep the major drug traffickers in business.
- Chronic, hardcore drug use causes severe and long-term health consequences. A Department of Health and Human Services (HHS) study of the record number of heroin medical emergencies in 1993 suggests that prolonged heroin use produces cumulative adverse health effects.

Figure 3-5
Heroin and Cocaine Hospital Emergency Room Episodes,
1978-93



Source: Drug Abuse Warning Network, National Institute on Drug Abuse, 1978-91, Substance Abuse and Mental Health Services Administration, 1992-93

- When a user is going through periods of heavy or addictive drug use, the frequency and severity of his or her criminal activity rises dramatically. Drug-related criminal activity is one of the main reasons for the substantial growth of U.S. prison and jail populations.

THE CASE FOR TREATING HARDCORE DRUG USERS

When effectively administered, drug treatment can reduce the consequences of illicit drug use. It has been proven that when drug-dependent indi-

viduals receive appropriate treatment, they decrease their drug use, decrease their criminal activity, increase their employment, improve their social and interpersonal functioning, and improve their physical health.

Reducing health care costs created by illicit drug use requires a comprehensive response. First, drug prevention efforts must increase their focus on populations who are at risk for drug use. Making individuals aware of the health consequences of illicit drug use may ultimately prevent the onset or continuation of chronic, hardcore drug use and related health-threatening behaviors. Second,

the chronic, hardcore drug users, who are suffering the health consequences of prolonged drug use, must be provided access to effective treatment for their addiction and related health problems.

Numerous studies confirm the fact that treatment of chronic, hardcore addicts, both within the correctional setting and in community-based programs, is the most cost-effective response and the course of action that makes the most practical sense.

The most compelling demonstration of the cost-effectiveness of treatment is from a recent California study assessing drug and alcoholism treatment effectiveness.¹⁵

Even if incarcerating drug addicts on a long-term basis were feasible or affordable for States and localities, such a measure would not address the addict's drug habit and its destructive consequences.

This study found that in 1992 alone, the cost of treating approximately 150,000 drug users in California was \$209 million. Approximately \$1.5 billion was saved while these individuals were in treatment and in the first year after their treatment. Most of these savings were in the form of reductions in drug-related crime (a two-thirds decline in the level

of criminal activity among these drug users was observed from pretreatment to posttreatment).

Even if incarcerating drug addicts on a long-term basis were feasible or affordable for States and localities, such a measure would not address the addict's drug habit and its destructive consequences. Drug treatment must be available for chronic, hardcore users, whether they are inside or outside the criminal justice system, to ensure that progress is made in reducing the negative health and crime consequences of drug use.

The Nation must utilize every opportunity to get chronic, hardcore drug users into treatment. Locking up drug users and drug addicts does not go far enough to protect communities from the problems created by drug use. The Nation must recognize that, eventually, most of these users will be released back to the communities from which they came, and unless they have received treatment for their problems, many will continue to prey on

others to support their drug habit or to continue drug-dealing activities. Clearly, drug treatment is vital to protecting Americans from the serious and violent consequences of illicit drug use.

ADDRESSING THE SHORTAGE OF DRUG TREATMENT CAPACITY

The United States currently lacks adequate treatment capacity to treat all those individuals who need drug treatment. According to HHS estimates, more than 1 million people who need some type of drug treatment are unable to access programs. Closing the treatment gap is a national priority, and the Administration continues to press for more treatment capacity, especially within the criminal justice system.

As the success of managed care has shown, treatment capacity can be allocated more efficiently. For example, managed care in Massachusetts has demonstrated that more efficient use of resources increases access to treatment and reduces costs. Programs in Minnesota similarly have shown that by managing care, costs can be contained, and resources can be applied more effectively.

HHS estimates that more than 3.8 million users of illicit drugs exhibit behavioral problems or physical manifestations resulting from their illicit drug use. For some users with less acute problems, testing and monitoring are enough to reduce or eliminate their drug use. Others are able to end drug use on their own with the support of family and friends. However, some chronic, hardcore users need more intensive treatment. HHS estimates that 2.4 million of the more than 3.8 million users need some type of drug treatment program. As the next section shows, the current treatment system lacks the capacity to treat this number of users.

Treatment Capacity Outside the Criminal Justice System

HHS estimates that in 1994 the drug treatment system had the capacity to provide specialized drug treatment services to about 1.4 million individuals. Therefore, out of the 2.4 million drug

users who could benefit from specialty drug treatment, about 1 million (or 40 percent) could not access such treatment at any time during the year.

According to the 1992 National Drug and Alcohol Treatment Utilization Survey (NDATUS), an estimated 945,000 clients were involved in specialty drug abuse treatment as of September 30, 1992.¹⁶ Outpatient services accounted for 87 percent of all client services. Most outpatient clients were enrolled in drug-free programs or programs not utilizing pharmacological interventions such as methadone (74 percent). Some, however, did receive methadone (14 percent). Twelve percent of clients were in 24-hour treatment—11 percent in rehabilitation and 1 percent in detoxification. The 1992 NDATUS also revealed the following:

- Although the number of providers and clients reporting to NDATUS has increased substantially since 1980, the broad characteristics of treatment services and clients in treatment have stayed relatively the same.
- Of those in treatment, 60 percent were white, 22 percent were African American, and 15 percent were Hispanic. The racial and ethnic composition of clients changed very little between 1980 and 1992.
- The ratio of males to females in treatment was more than 2 to 1.

The Federal Government also provides treatment for military personnel and veterans. In 1993 the Department of Veterans Affairs provided substance abuse treatment for almost 160,000 patients in 327 programs. Of these programs, 196 specialized, inpatient programs served 54,195 drug users, while the 131 outpatient programs served 105,800 drug users.

Treatment Capacity Inside the Criminal Justice System

The most recent DUF data indicate that the criminal justice system offers an opportunity to identify those individuals who need treatment and to match their specific needs with appropriate drug

treatment programs. On any given day, more than 4 million people are under the care or custody of a correctional agency, either on probation, on parole, in jail, or in Federal or State prisons.

The criminal justice system can intervene to affect an individual's drug use through a variety of means. In some cases, drug testing is adequate to deter continued drug use, especially when it is a condition of probation or parole. For those in jail or prison, drug treatment programs may involve individual counseling, group counseling, or support group participation. Treatment for this population is discussed in detail in Chapter V.

A 1991 BJS survey reported that of those inmates sentenced for violent offenses, 55 percent of Federal inmates and 57 percent of State inmates reported using drugs regularly, and 43 percent of Federal inmates and 46 percent of State inmates reported using drugs in the month prior to their offense.¹⁷ Twenty-five percent of Federal inmates and 28 percent of State inmates reported that they were under the influence of drugs while committing the offense for which they were incarcerated. Many of these inmates were receiving treatment while in prison. At the time of the survey, about 43 percent of Federal inmates and 48 percent of State inmates who had used drugs in the month prior to their offenses had been enrolled in prison treatment programs at some point during their incarcerations. More than 20 percent in each population had completed treatment programs since admission to prison.

Enrolling more drug users in treatment programs is one of the surest ways to counter the severe, negative effects on the U.S. economy, health care system, and quality of life that result from illicit drug use. More than 1 million chronic, hardcore users are caught in the gap in available treatment services; many of the available programs rely on modalities of treatment that do not address these users' problems. If this treatment shortfall remains unaddressed, the economic, health care, and

The most recent DUF data indicate that the criminal justice system offers an opportunity to identify those individuals who need treatment and to match their specific needs with appropriate drug treatment programs.

social problems created by chronic, hardcore users will become even more expensive and complex in the years to come.

ENDNOTES

- ¹ *Substance Abuse: The Nation's Number One Health Problem, Key Indicators for Policy*. Institute for Health Policy, Brandeis University. 1993.
- ² Blumstein, A. *Youth, Violence, and the Illicit Drug Industry*. H. John Heinz II School of Public Policy and Management, Working Paper Series. July 1994.
- ³ *PRIDE Questionnaire Report, 1992-93 National Summary—USA, Grades 6 to 12*. PRIDE, Inc. August 3, 1994.
- ⁴ Harlowe, C.W. *Comparing Federal and State Inmates, 1991*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. NCJ-145864. Tables 13-15. September 1994.
- ⁵ DUF data clearly are useful for exposing the link between drug use and other criminal activities. Beyond this, DUF data also reveal much about the extent of drug use in the United States. The data show steady levels of cocaine use and increasing levels of marijuana use—trends confirmed by other data sources.
- ⁶ *Drug Use Forecasting 1993 Annual Report on Adult Arrestees: Drugs and Crime in America's Cities and Drug Use Forecasting 1993 Annual Report on Juvenile Arrestees/Detainees: Drugs and Crime in America's Cities*. Washington, DC: National Institute of Justice, Office of Justice Programs.

According to the 1993 DUF Reports, there were increased rates of marijuana use, largely unchanged rates of cocaine and opiate use, and slightly increased rates of multiple drug use among male arrestees. Cocaine remains the principal drug of use among male arrestees. Young males were less likely to test positive for cocaine than older males. Among females, the data show a slight decline in the prevalence of cocaine, largely unchanged rates of marijuana and opiate use, and a slight increase in multiple drug use.
- ⁷ Needle, R., and Mills, A. *Drug Procurement Practices of the Out-of-Treatment Chronic Drug Abuser*. U.S. Department of Health and Human Services, National Institute on Drug Abuse. National Institutes of Health Publication No. 94-3820. 1994.
- ⁸ *Drugs, Crime, and The Criminal Justice System: A National Report from the Bureau of Justice Statistics*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. NCJ-133652. December 1992. p. 13.
- ⁹ "Testing Reckless Drivers for Cocaine and Marijuana." Abstract, *New England Journal of Medicine*.
- ¹⁰ NIJ and the Office of National Drug Control Policy (ONDCP) plan to work closely to pursue a research agenda focusing on issues of drug procurement and drug use. The DUF program offers tremendous possibilities as a research platform. NIJ and ONDCP will work closely to develop assessment and interview strategies that capitalize on the opportunity DUF presents to interview approximately 30,000 arrestees within hours of their apprehension in jails throughout major U.S. cities.
- ¹¹ *State and Federal Prison Population Tops One Million*. Department of Justice, BJS Advance Release. October 27, 1994.
- ¹² *Estimates from the Drug Abuse Warning Network, Advance Report No. 8*. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Office of Applied Studies. October 1994.
- ¹³ Based on analysis conducted by the Substance Abuse and Mental Health Service Administration, Office of Applied Studies.
- ¹⁴ See Edlin, B., Irwin, K., et. al. "Intersecting Epidemics—Crack Cocaine Use and HIV Infection Among Inner-City Young Adults." *New England Journal of Medicine*, November 1994, pp. 1422-1427.
- ¹⁵ *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment (CALDATA)*. July 1994.
- ¹⁶ Overview of the National Drug and Alcoholism Treatment Utilization Survey (NDATUS): 1992 and 1980-1992. Advance Report Number 9. U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. January 1995. This survey classifies drug users into three groups: alcohol only, drug only, and both. The survey provides a snapshot of treatment providers and clients on September 30, 1992.
- ¹⁷ Harlow, C.W. *Comparing Federal and State Inmates, 1991*. U.S. Department of Justice, Office of Justice Programs, BJS. NCJ-145864. Table 15. September 1994.

IV. Illicit Drug Availability

Drug traffickers are shrewd. They stockpile their drugs and increase production to keep pace with increased seizures and worldwide demand. As a result, cocaine, marijuana, and heroin remain readily available in the United States.

It is imperative to continue to attack the supply of drugs—at their source, where traffickers are most vulnerable, in transit, and on the street, where the cost to traffickers per seized gram, ounce, and kilo is highest. Drug seizures at all levels disrupt drug trafficking empires, and these international entities threaten not only the United States but democracies all over the world. Aggressive enforcement and interdiction are the first line of defense in preventing the Nation's youth from ever being exposed to drugs in the first place. A strong productive America is a country free of drugs.

The overarching goal of the *National Drug Control Strategy* is the reduction of illicit drug use and its consequences. This goal is served by both foreign and domestic supply reduction activities. Studies have shown that any reduction in the available drug supply in a given geographic area can have an immediate and direct impact on the number of users and the amount of drugs they consume as well as on the consequences of drug use to the local community.

To date, the efforts of the U.S. Government to reduce availability of drugs have met with some success. A study by the Office of National Drug Control Policy (ONDCP) found that between 1989 and 1991, U.S. cocaine availability declined

and cocaine prices increased, resulting in fewer drug use consequences.¹ Furthermore, coca cultivation declined somewhat between 1991 and 1992 from its peak level in 1990 of 220,850 hectares,² according to the 1994 International Narcotics Control Strategy Report (INCSR); coca cultivation then decreased dramatically in 1993 because of a fungus affecting the coca plant in Peru. While there should have been a resulting decline in the supply of cocaine reaching the United States, U.S. cocaine availability in 1993 remained unchanged compared with 1992 levels. Independent evidence suggests that cocaine producers drew upon stockpiles of the drug located in the United States and Mexico to cover the market shortfalls that would normally have resulted in higher cocaine retail prices.

An assessment of current potential coca production is not encouraging. By most accounts, current coca cultivation is three times what is necessary to supply the needs of the U.S. drug market.³ During the past few years, coca producers have increased their production, both to replace losses due to increased seizures and to provide for a growing worldwide demand. There also is evidence that the amount of marijuana and heroin available in the United States for domestic consumption may have increased in 1993. Clearly, reducing drug availability remains a critical mission, with much yet to be accomplished. Unless more effective supply reduction strategies are developed and implemented, the chances of reducing U.S. illicit drug availability to any meaningful extent are limited. One of the most promising means to reduce this supply of drugs is a strong source country strategy.

SHIFTING THE FOCUS OF THE INTERNATIONAL PROGRAM STRATEGY

In 1993, the National Security Council (NSC) concluded a lengthy review of the international drug trafficking situation that determined that to reduce cocaine availability more effectively, a stronger focus on source countries was necessary. The NSC determined that a controlled shift in emphasis was required—a shift away from past efforts that focused primarily on interdiction in the transit zones to new efforts that focus on interdiction in and around source countries. This new focus on source countries reflects the view that it is potentially easier and more practical to attack

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The Presidential Decision Directive⁴ (PDD) that resulted from the NSC review called for a three-pronged international drug control strategy that emphasizes (1) providing assistance to those nations that

show the political will to combat narcotrafficking through institution building, (2) conducting efforts to destroy narcotrafficking organizations, and (3) interdicting narcotics trafficking in both source countries and transit zones. The PDD also called for a controlled shift in interdiction operations from programs that focus primarily on transit zones to a strategy that focuses on both sources and transit zones and that can also respond to changing situations. It should be clearly recognized, however, that without effective transit zone programs in place, the smooth implementation of the new source country program will be severely inhibited.

An essential component of the new source country focus is the creation of a sustained economic development program within the source countries themselves. Such programs can create permanent job alternatives to illegal drug activities, offering the best long-term strategy for reducing source country drug crop cultivation. These alternate development programs, combined with U.S.

demand reduction efforts, will serve the objective of Andean countries to move away from drug production while at the same time reducing the impact of drug use in the United States.

ACHIEVING SUPPLY REDUCTION THROUGH DOMESTIC LAW ENFORCEMENT ACTIVITIES

An analysis of the illicit drug price structure suggests that the bulk of the increase in drug prices occurs once the drugs arrive in the United States.⁵ By reducing the available supply and sale of illicit drugs at or within U.S. borders, domestic law enforcement efforts can have a dramatic impact on the profitability of the illicit drug trade.

A set of studies recently released by ONDCP⁶ clearly demonstrated the positive effect of domestic law enforcement on drug availability. Although the study specifically measured the time heroin users spend searching for heroin and the effect of that time on their levels of use, its findings are nevertheless relevant for the larger illicit drug market. The study indicated that the degree of availability of illicit drugs has a significant effect on drug use rates for current users and especially for those who are beginning to use drugs. By stepping up high-visibility enforcement operations on the street and within known drug markets, domestic law enforcement programs can, in effect, reduce drug consumption rates and further help to reduce profits for traffickers and dealers.

The Administration supports law enforcement activities for their combined effect on reducing both the supply and demand of illicit drugs. The 100,000 police officers provided for by the Violent Crime Control and Law Enforcement Action of 1994 (Public Law 103-22, hereafter referred to as the Crime Control Act) will, along with increased funding for Federal, State, and local law enforcement coordination efforts, help to arrest dealers, disrupt drug markets, and reduce overall rates of use. Furthermore, Federal cooperation, which has improved at U.S. borders and ports of entry, will lead to further reductions in the profitability of the illicit drug trade.

Cocaine Availability

The cocaine targeted for consumption by the U.S. market comes from coca plants grown in South America.⁷ In 1993 the total production of coca leaf in South America was 271,700 metric tons (mt). This harvest required the cultivation of 198,893 hectares. Table 4-1 shows that coca production decreased between 1992 and 1993. Coca cultivation declined from a total of 217,808 hectares, which produced an estimated 333,900 mt of leaf⁸ in 1992, to a total of 198,893 hectares, which produced an estimated 271,700 mt of leaf in 1993. This was due principally to the abandonment of some fields in Peru, resulting from the fortuitous infestation of a naturally occurring fungus, which made it impossible to grow coca plants. Other factors, such as soil depletion and the movement of farmers to safer areas, also contributed to this decline in cultivation.⁹ The coca harvested in 1993 could potentially provide 683 to 813 mt (metric tons) of cocaine.¹⁰

Not all of the cocaine that is produced is destined for the U.S. market. Some of the supply is consumed in source countries, and some is shipped to Europe and other countries. ONDCP estimates that 243 to 340 mt of cocaine could have been available to supply the U.S. drug market in 1993 from the cocaine produced in South America that year.¹¹ These figures represent a decrease from 1992, when an estimated 376 to 539 metric tons were available. The decline in 1993 is a positive result of the counternarcotics efforts of the United States and its allies. However, as discussed below, there is evidence that producers were able to com-

pensate to prevent a shortage of cocaine in the market from occurring.

The price and purity of cocaine provide another indication of availability. Therefore, it is important to observe how the price and purity of cocaine have fluctuated over time. The following facts demonstrate the fluctuation and indicate the availability of cocaine:

- According to reports from the Drug Enforcement Administration (DEA), during 1993 the price of cocaine was low while purity was high (both price and purity were stable throughout the year).
- Table 4-2 shows that the estimated price for a pure gram of cocaine has generally declined between 1988 and 1993.
- The most recent drug use indicators, discussed in Chapter II, show little change in the demand for cocaine in the United States between 1992 and 1993.
- Estimates suggest that coca cultivation availability declined between 1992 and 1993.

Federal cooperation, which has improved at U.S. borders and ports of entry, will lead to further reductions in the profitability of the illicit drug trade.

When these points are examined concurrently, there emerges an unanswered question about the price of cocaine in recent years: If coca cultivation decreased in 1993 and consumption remained stable, the price of cocaine should have increased; why did it stay the same?

Table 4-1. Estimated Worldwide Cultivation and Potential Net Production of Cocaine, 1992 and 1993

Country	1992		1993	
	Cultivated (in hectares)	Leaf Produced (in metric tons)	Cultivated (in hectares)	Leaf Produced (in metric tons)
Bolivia	50,649	80,300	49,600	84,400
Colombia	38,059	29,600	40,493	31,700
Peru	129,100	223,000	108,800	155,500
Ecuador	na	100	na	100
Total	217,808	333,900	198,893	271,700

Source: *International Narcotics Control Strategy Report*, U.S. Department of State, 1994

Table 4-2. Retail Prices Per Gram for Cocaine in the United States, 1988-93

	1988	1989	1990	1991	1992	1993
Cocaine						
High price	\$186	\$165	\$200	\$168	\$163	\$151
Low price	146	123	187	132	130	120

Note: Data in this table are derived from information collected through purchase and seizure of cocaine in selected cities. The purity of the samples are determined through chemical analysis. The price per pure gram is calculated by dividing the price by the purity percentage of the samples.

Source: *What America's Users Spend on Illegal Drugs, 1988-1993*. Abt Associates, Inc., February 1995.

One explanation is that overall cocaine availability may not have actually decreased in 1993. This may have been the case if the decrease in cultivation was planned—in other words, if it occurred in those areas scheduled for abandonment by the

drug traffickers. In this case, they likely would have compensated by increasing production elsewhere. Another possibility may be that cocaine is being stockpiled or kept in storage with inventories sufficient to cover shortfalls in the market. By some accounts, there are substantial stockpiles—easily adequate to cover a market shortage until a new coca crop matures.¹²

Although cocaine still poses the greatest threat to this Nation and must remain its most immediate concern, the Administration also is concerned about heroin availability and use, both of which appear to be on the increase.

Another possible explanation lies in the retail end of the market, specifically in changes to the levels of profit accepted there. One prominent researcher has hypothesized that there may be “barriers to exit” in the illicit drug market. Low-end dealers have no other source of livelihood to fall back on, so increasing competition among a larger pool of sellers for a stable or decreasing pool of users forces sellers to absorb higher costs of doing business, meaning lower profits.¹³ This hypothesis can reconcile the competing facts of decreased availability in 1993, constant consumption, and stable prices: Simply put, dealers were forced by changing market conditions to settle for lower profits for the same amount and purity-level of cocaine. During 1995 ONDCP will initiate a research project into this area in an effort to better provide a cogent and supportable explanation.

Heroin Availability

Although cocaine still poses the greatest threat to this Nation and must remain its most immediate concern, the Administration also is concerned about heroin availability and use, both of which appear to be on the increase. During the past 8 years, reports of increasing purity and lower prices and of dramatic increases in seizures appear to indicate that heroin availability in the United States is on the rise. There also are reports that heroin use is increasing, mostly among existing chronic, hardcore drug users.

Opium poppies are currently grown in four major regions in the world.¹⁴ The products from these poppies are consumed in various forms (e.g., opium, morphine, and heroin) around the globe. As Table 4-3 shows, opium production has increased dramatically since 1988. According to the 1994 INCSR, 3,699 mt of opium were produced in 1993, up 43 percent from the 2,590 mt produced in 1988. In 1993, Southeast Asia accounted for 76 percent of total worldwide production (2,797 mt) due mostly to opium production in Burma (2,575 mt). Estimates of the amount of heroin available in the United States range from 3.8 to 11.4 mt.¹⁵

The U.S. heroin market is dominated by heroin from Southeast Asia. According to the DEA's Heroin Signature Program (HSP),¹⁶ approximately 68 percent of the heroin analyzed in DEA laboratories was determined to be from Southeast Asia. Of the balance of the heroin analyzed by the DEA, 15 percent originated in South America, 9 percent in Southwest Asia, and 8 percent in Mexico.¹⁷

Table 4-3. Worldwide Potential Net Production of Opium 1988-93 (metric tons)

Country	1988	1989	1990	1991	1992	1993
Opium						
Afghanistan ¹	750	585	415	570	640	685
Iran ²	—	—	—	—	—	—
Pakistan	205	130	165	180	175	140
Total, Southwest Asia	955	715	580	750	815	825
Burma	1,280	2,430	2,255	2,350	2,280	2,575
Laos	255	380	275	265	230	180
Thailand	25	50	40	35	24	42
Total, Southeast Asia	1,560	2,860	2,570	2,650	2,534	2,797
Colombia	—	—	—	27	20	20
Lebanon	na	45	32	34	—	4
Guatemala	8	12	13	17	—	4
Mexico	67	66	62	41	40	49
Total, Lebanon, South America, and Mexico	75	123	107	119	60	77
Total Opium	2,590	3,698	3,257	3,519	3,409	3,699

¹ The DEA believes, based upon foreign reporting and human sources, that opium production in Afghanistan may have exceeded 900 metric tons in 1992 and 1993.

² Although there is no solid information on Iranian opium production, the U.S. Government estimates that Iran may potentially produce between 35 and 75 metric tons of opium gum annually.

Source: *International Narcotics Control Strategy Report*, U.S. Department of State, 1994.

The United States clearly faces an ominous threat from the newest opium cultivating region—South America. The DEA reports that heroin is now being shipped to the United States from Colombia in increasing quantities. The El Paso Intelligence Center reports that the number of Colombian couriers flying on commercial airlines who were arrested for smuggling heroin into the United States was 41 in 1991, 263 in 1992, and 232 in 1993. Reportedly, Colombian traffickers also have established distribution outlets in the northeastern regions of the United States and are offering free samples of heroin to potential distributors and requiring established cocaine distributors to sell heroin as a condition of continuing to do business.¹⁸

Heroin prices declined throughout the 1980s and increased slightly in 1989 and 1990. Since then, prices have again declined and are now at their lowest levels ever. Along with this decline in price has come an increase in the purity of the heroin. The street price of heroin varies widely, but the typical heavy user might pay about \$1.70

per milligram and expect the heroin to be about 30-percent pure. The lower price and higher purity indicate that the supply of heroin in the United States is abundant.

Increased availability of higher purity heroin enables the user to inhale or smoke the drug rather than inject it. This may result in more users (i.e., those who would not have used heroin if the only method of administration were through injection). At present, while there does not appear to be a dramatic increase in the number of heroin users, there are signs that some young people are initiating heroin use.¹⁹

Heroin prices declined throughout the 1980s and increased slightly in 1989 and 1990. Since then, prices have again declined and are now at their lowest levels ever.

Marijuana Availability

Marijuana is cultivated in many regions of the world, both for consumption within those regions and for export. Production estimates for marijuana are difficult,²⁰ but current estimates indicate

that there has been a slight increase in the amount of marijuana produced abroad—14,407 mt in 1993 compared with 13,058 mt in 1992. Estimates of domestic production were between 2,595 and 3,095 mt for 1992, a decrease from 1991 estimates of 3,615 and 4,615 mt.²¹ This level of production does not seem plausible, given various estimates of consumption.²² In any case, marijuana clearly continues to be readily available, and its use appears to be on the rise.²³

The DEA reported that most of the foreign marijuana available in the United States during 1993 originated from Mexico, even though, according to

One means by which U.S. supply reduction programs work to reduce availability is by increasing the difficulty for drug traffickers to ship drugs into the United States.

the National Narcotics Intelligence Consumers Committee (NNICC), cannabis cultivation there dropped significantly. A continued increase in Colombian, Venezuelan, and possibly Jamaican marijuana shipments to the United States also was noted. At the same time, domestic production accounted for a considerable portion of the market. It is difficult to estimate

the amount of marijuana produced in the United States, because there are no national surveys conducted of cannabis cultivation.²⁴ Outdoor marijuana production is reported to be especially prevalent in the western and southeastern United States. In addition, the DEA has reported an increasing trend toward indoor domestic marijuana production. However, no data or models are available to estimate the full extent of either outdoor or indoor domestic cultivation.

One study found that prices for marijuana have remained constant since the mid-1980s, after con-

trolling for inflation and potency.²⁵ The purity, or potency, in the case of marijuana, is reported to have steadily increased for both commercial-grade marijuana and the sinsemilla variety. Although marijuana has been readily available for a long time, its use over the last decade has been declining until recently. Currently there are troubling indications that marijuana use may be increasing among U.S. teenagers and young adults.

Illicit Drug Seizures

One means by which U.S. supply reduction programs work to reduce availability is by increasing the difficulty for drug traffickers to ship drugs into the United States. In this regard, the United States has posted an impressive record, at least for cocaine. By most accounts, almost one-third of the potential supply of cocaine ultimately is seized worldwide, with U.S. efforts accounting for about one-third to one-half of these seizures.²⁶

The number of international drug seizures reported by the U.S. State Department has increased erratically for all types of illegal drugs since 1989. As indicated in Table 4-4 below, international cocaine seizures increased from 250 mt in 1989 to 345 mt in 1991 and then decreased to 265 mt in 1993. During the same time period, poppy/opium seizures rose from 30 to 41 mt, and marijuana/hashish seizures rose from 1,496 to 2,886 mt.

As indicated in Table 4-5, seizures by the Federal Government have played an increasingly important role over the years. According to Federal seizure statistics, heroin seizures have increased in recent years from roughly 1.1 mt in 1989 to 1.6 mt in 1993.²⁷ The data for the first half of 1994 show a minimal decrease over the first half of 1993.

Table 4-4. Estimated International Drug Seizures in Metric Tons, 1989 to 1993

	1989	1990	1991	1992	1993
Poppy/Opium	30	26	26	24	41
Cocaine	250	275	345	285	265
Marijuana/Hashish	1,496	2,261	1,603	2,303	2,886

Source: Bureau of International Narcotics Matters, 1994. United Nations International Drug Control Programme, 1994, and ONDCP intelligence estimates.

Table 4-5. Federal Drug Seizures in Metric Tons, 1989 to First Half of 1994

	1989	1990	1991	1992	1993	First Half 1993	First Half 1994
Heroin	1.1	0.8	1.4	1.2	1.6	0.7	0.5
Cocaine	99.2	107.3	111.7	137.8	110.7	47.9	50.9
Cannabis	338 ¹	250.2	303.9	393.7	361.6	186.6	187.7

¹ 1989 marijuana seizure data for DEA only.

Source: Federal-wide Drug Seizure System, 1992 and 1994, and Bureau of Justice Statistics, 1993, p. 467.

Cocaine seizures increased between 1989 to 1992 and fell thereafter. The numbers for the first half of 1994, however, are somewhat higher than those reported for the first half of 1993. Cannabis seizures dropped significantly between 1989 and 1990 from 338 to 250.2 mt. Since 1990 the amount seized has risen, reaching almost 361.6 mt in 1993. Data for the first half of 1994 are similar to those reported for the first half of 1993.

Although overall seizures remain high, there is concern that the interdiction effort has had limited effect on overall illicit drug availability and consumption in the United States. Cocaine seizures undoubtedly constitute a substantial share of total cocaine production, but the desired effects on U.S. price, purity, and availability have not been seen. Accordingly, cocaine—along with other illicit drugs—remains available in sufficient quantities to satisfy demand, with relatively low prices and high purities. This should not be understood to mean that law enforcement should no longer conduct seizures as part of its operations. If law enforcement efforts focusing on reducing drug availability in the United States were reduced, in all probability, there would be even greater drug availability and even lower prices and higher purities in the market, which would lead to increased use. Instead, seizures should be viewed not as an end in themselves but rather as part of the larger whole. More often than not, seizures result from an extensive law enforcement investigation targeting a drug trafficking organization. Clearly, the arrest, prosecution, and incarceration of drug criminals is an important objective of drug law enforcement, and efforts to dismantle drug trafficking organizations will often result in drug seizures. Hence, seizures should be viewed not

simply on the basis of their share of the total production in question, but as a measure and direct result of other efforts focused on the criminal organizations that take part in the illicit drug trade.

ENDNOTES

- 1 ONDCP report, *Price and Purity of Cocaine: The Relationship to Emergency Room Visits and Deaths and to Drug Use Among Arrestees*. October 1992.
- 2 A hectare is a metric unit of area equal to 2.471 acres.
- 3 Generally speaking, about one-third of the estimated 900 to 1,000 mt of cocaine produced is consumed in the United States, about one-third is seized, and the balance is assumed to serve other countries' demand for cocaine. (A metric ton equals 2,205 pounds.)
- 4 A Presidential Decision Directive is a document, signed by the President, that conveys a decision on a major policy issue to the executive branch departments and agencies and includes appropriate implementing instructions.
- 5 In 1993 the U.S. General Accounting Office (GAO) provided an example of the markup in cocaine pricing from the source country to the United States. Based on GAO's 1991 report, the price for enough coca leaf to produce 1 kilogram (2.2 pounds) of cocaine was between \$65 and \$370. The finished product entering the United States is valued between \$800 and \$5,000 per kilogram. This product is then diluted and eventually culminates in a street price of between \$70,000 and \$300,000 per kilogram.
- 6 See the ONDCP reports *Measuring Heroin Availability in Three Cities* and *Heroin Users in New York, Chicago, and San Diego*. November 30, 1994.

Although overall seizures remain high, there is concern that the interdiction effort has had limited effect on overall illicit drug availability and consumption in the United States.

- ⁷ I.e., Peru, Bolivia, Colombia, and Venezuela.
- ⁸ *International Narcotics Control Strategy Report*. U.S. Department of State. March 1994.
- ⁹ *The NNIC Report 1993: The Supply of Illicit Drugs to the United States*. NNICC, August 1994, DEA-94066, p. 2.
- ¹⁰ Not all coca is converted into cocaine—people in the cultivating countries consume coca leaves. For a detailed description of cultivation and processing, see *Coca Cultivation and Cocaine Processing: An Overview*. Drug Enforcement Administration. February 1991.
- ¹¹ ONDCP developed a model that begins with estimates of coca cultivation and ends with an estimate of the amount of cocaine reaching the United States for consumption. The model computes the inputs and outputs of several different steps in the processing of cocaine. For more information, see Rhodes, W.; Scheiman, P.; and Carlson, K. *What America's Users Spend on Illegal Drugs*. Abt Associates, Inc., February 1991.
- ¹² One source suggests that as much as 200 tons of cocaine was inventoried in Mexico last year. If this is correct, it would explain why cocaine prices did not decline. An inventory of this magnitude constitutes about two-thirds of the estimated U.S. annual consumption of about 300 tons.
- ¹³ Based on remarks made by Dr. Peter Reuter at the Conference on the Economics of the Narcotics Industry, Loy Henderson Conference Room, State Department, November 21-22, 1994.
- ¹⁴ Southeast Asia (Burma, Laos, Thailand, and China), Southwest Asia (Iran, Afghanistan, and Pakistan), Central America, Mexico, and South America (Colombia and Peru). Geographical breakouts are from DEA's Heroin Signature Program.
- ¹⁵ *The Retail Value of Drugs Sold in the United States*. Abt Associates, Inc., 1993.
- ¹⁶ *Worldwide Heroin Signature Report—1992*. Drug Enforcement Administration. March 1994, p. 13.
- ¹⁷ *The NNICC Report 1993: The Supply of Illicit Drugs to the United States*. NNICC, DEA-94066, August 1994, p. 32.
- ¹⁸ *The NNICC Report 1993: The Supply of Illicit Drugs to the United States*. NNICC, DEA-94066, August 1994, p. 40.
- ¹⁹ See *Pulse Check: National Drug Trends*. ONDCP, July 1994. Also see the forthcoming National Institute of Justice bulletin *Heroin Prices and New Addicts: 1981-1994*.
- ²⁰ For a discussion of the problematic nature of production estimates, see *Marijuana Situation Assessment*. ONDCP, September 1994, pp. 46-47. The INCSR reports marijuana production, but for purposes of reviewing trends in marijuana, it is of questionable value. This problem particularly pertains to marijuana statistics reported for Mexico. According to the 1994 INCSR, Mexico produced between 6,000 and 8,000 mt of marijuana each year between 1991 and 1993. This level is down considerably from the 30,000 mt reported for 1989 and the 20,000 mt reported for 1990. However, it appears that the decline is spurious, because the estimates for these 2 years are grossly overstated.
- ²¹ *The NNICC Report 1992: The Supply of Illicit Drugs to the United States*. NNICC, September 1993. There is no explanation of how these estimates were derived. No information on the land under cultivation is given.
- ²² See *Marijuana Situation Assessment* and *What America's Users Spend on Illegal Drugs*; both are ONDCP publications.
- ²³ See ONDCP's Pulse Checks as well as the most recent PRIDE (Parent Resource Institute for Drug Education) and Monitoring the Future reports.
- ²⁴ It is very difficult to estimate the amount of marijuana actually produced in the United States in 1993 because there are no national surveys conducted of outdoor cannabis cultivation. In 1992 there was an estimated gross of 6,000 to 6,500 mt cultivated (does not include low-potency wild ditchweed plants). However, this figure is considered to be inexact. Approximately 1,840.2 mt representing 4.04 million cultivated plants were eradicated in 1993. Domestic seizures of cannabis and marijuana totaled 394 mt compared to 347 mt in 1992. Many of the cannabis plants eradicated during 1993 were sinsemilla plants.
- ²⁵ See the ONDCP report, *Marijuana Situation Analysis*. September 1994.
- ²⁶ It should be noted that seizures are not the whole story. Significant quantities of cocaine are jettisoned by the traffickers in the transit zones so that they will avoid arrest by interdiction forces. To provide a more complete picture of the impact law enforcement efforts have on the traffickers' operations, estimates of the type and quantity of drugs being jettisoned are being developed.
- ²⁷ This information comes from the Federal-wide Drug Seizure System (FDSS), which contains information about drug seizures made within the jurisdiction of the United States by the DEA, the Federal Bureau of Investigation, and the U.S. Customs Service and about maritime

seizures by the U.S. Coast Guard. The FDSS was established to avoid double counts of seizures when two or more agencies are involved in the same activities and both report the amount of drugs seized. However, the FDSS may actually undercount seizures nationally. Drug

seizures made by other Federal agencies, such as the Immigration and Naturalization Service or the Secret Service, are included only when custody of the drug evidence is transferred to one of the four agencies identified above.

V. Action Plan for Reducing the Demand for Illicit Drugs

Studies and statistics indicate that the fastest and most cost-effective way to reduce the demand for illicit drugs is to treat chronic, hardcore drug users. They consume the most drugs, commit the most crimes, and burden the health care system to the greatest extent. Without treatment, chronic hardcore users continue to use drugs and engage in criminal activity, and when arrested, they too frequently continue their addiction upon release. The cycle of dependency must be broken and the revolving door of criminal justice brought to a halt. Chronic, hardcore users will be treated at every possible juncture, especially through drug courts, where judges can leverage sanctions to promote treatment compliance.

In the long run, prevention in schools, communities, and workplaces is the key to reducing the demand for illicit drugs. This Action Plan aims to deglamorize drugs in the minds of all American children, with the media playing a critical role. A National Drug Prevention System also is proposed to coordinate all drug prevention efforts and ensure that time and money are used on efforts that work, especially for high-risk youth.

The demand for illicit drugs is fueled by two groups of drug users: (1) chronic, hardcore users who consume the bulk of illicit drugs in the United States, and (2) casual drug users. The Office of National Drug Control Policy (ONDCP) will continue to work closely with Federal departments and agencies to reduce the demand for drugs by coordinating and improving ongoing prevention, treatment, research, and law enforcement efforts. These efforts involve a range of

comprehensive initiatives, including a treatment improvement protocol initiative to improve treatment capacity in the Nation's drug abuse service system; a multisite study to investigate the consequences of prenatal drug exposure; a new National Resource Center to provide information to the public on issues relating to women and substance abuse; and a nine-State demonstration program to provide treatment for substance-abusing women and their children. Over and above these ongoing efforts, the Administration will implement a targeted Action Plan for Reducing the Demand for Illicit Drugs.

The Administration will continue to address the demand reduction goals set forth in the 1994 *National Drug Control Strategy*, listed below:

- Reduce the number of drug users in America (Goal 1).
- Expand treatment capacity and services and increase treatment effectiveness so that those who need treatment can receive it. Target intensive treatment services for hardcore drug-using populations and special populations, including adults and adolescents in custody or under the supervision of the criminal justice system, pregnant women, and women with dependent children (Goal 2).
- Reduce the burden on the health care system by reducing the spread of infectious disease related to drug use (Goal 3).
- Create safe and healthy environments in which children and adolescents can live, grow, learn, and develop (Goal 5).

- Reduce the use of alcohol and tobacco products among underage youth (Goal 6).
- Increase workplace safety and productivity by reducing drug use in the workplace (Goal 7).

PROGRESS TOWARD MEETING THE GOALS FOR REDUCING THE DEMAND FOR ILLICIT DRUGS

The best way to reduce the overall demand for illicit drugs is to reduce the number of chronic, hardcore drug users.

Attaining these measurable goals was contingent on congressional adoption of and funding for the 1994 Strategy's policies and programs. Full support was not received. Many promising programs and efforts have been set in motion during Fiscal Year (FY) 1994; however,

they have not been under way for a long enough time to have any measurable effect. Current information has revealed the following:

- The number of drug users in America remains unchanged.
- Treatment capacity has been expanded modestly. The modest increase in the FY 1995 block grant program and the programs included in the recently passed Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322, hereafter referred to as the Crime Control Act) are being aggressively implemented but have yet to take effect.
- Reducing the burden on the health care system that results from infectious diseases is dependent both on expanding treatment capacity for chronic, hardcore users and on health care reform. Neither change was supported in Congress, so the desired changes have not occurred.
- The Nation has made some progress in reducing alcohol use among young people, including teenagers and preteens, but such progress has been countered by the endemic nature of binge drinking among adolescents, especially on college campuses. Furthermore, tobacco use has increased among the Nation's youth.

REDUCING THE DEMAND FOR DRUGS BY REDUCING CHRONIC, HARDCORE DRUG USE

The best way to reduce the overall demand for illicit drugs is to reduce the number of chronic, hardcore drug users. To accomplish this, communities, jails, and prisons must provide effective drug treatment. Current treatment capacity falls well below the resources the country needs to address the problems of chronic, hardcore drug use. To increase treatment capacity, State and local officials must more effectively use available Federal treatment grant funds to direct drug users into treatment, and the criminal justice system must use the sanctions at its disposal to provide drug treatment for as many chronic, hardcore users under their authority as possible. Only by satisfying these requirements can the United States hope to provide adequate treatment to drug users and reduce the prevalence of drug use, especially among chronic, hardcore addicts.

Managed Care and State Health Care Reform

As the growth of additional funding for substance abuse treatment has slowed, States and businesses throughout the country have experimented with ways to control costs and increase efficiency of treatment services. By controlling access to expensive inpatient treatment, closely monitoring patient progress, and negotiating reduced service charges from treatment providers, managed care firms consistently have often been able to (1) reduce "per person" costs for substance abuse treatment, (2) increase the percentage of people who receive care, (3) maintain high levels of satisfaction with care, and (4) achieve positive treatment outcomes. Although corporations have been the first organizations to see substantial health insurance savings from intensively managing substance abuse care, States are increasingly requiring patients who receive Government-funded treatment to use managed care systems. States are expanding managed care and are requesting waivers of Medicaid regulations to experiment with numerous strategies for reducing unnecessary and costly care. Massachusetts, for example, reduced expected Medicaid costs by 22 percent by reducing the use of general hospitals for detoxifi-

cation and treatment, increasing the use of less expensive residential services, and dramatically expanding day treatment and outpatient methadone treatment.

The Administration encourages States to experiment with managed care so that funds for treatment can be used as efficiently as possible. At the same time, it is important to monitor the impact of managed care on chronic, hardcore drug users and to provide technical assistance to States and community providers that use these new treatment funding systems. The Substance Abuse and Mental Health Services Administration (SAMHSA) will assist States in evaluating the impact of State health care reforms, including managed care, to identify effective strategies for reducing treatment costs and improving treatment outcomes.

When chronic, hardcore drug users are treated, communities become better places to live. A drug user entering treatment immediately results in a reduction of drug use and criminal activity. Furthermore, the longer a person stays in treatment, the more likely it is that he or she will remain drug free.

The Role of Treatment in Reducing Chronic, Hardcore Use

Chronic, hardcore drug use is a disease, and like anyone suffering from a disease,¹ addicts need treatment. But many addicts also are criminals who infringe on or violate the rights of others. In these instances, there should be a balance between sanctions for criminal activity and treatment of an addictive disease.

There is compelling evidence that treatment is cost-effective and provides significant public safety benefits. In June 1994 the RAND Corporation reported that drug treatment is the most cost-effective drug control intervention, compared with other potential drug strategy program options, such as interdiction.² In September 1994 a comprehensive study of drug treatment in California concluded that for every dollar invested in drug treatment in 1992, taxpayers saved \$7. The savings was attributed to decreased use of drugs,

including alcohol, and significantly reduced costs related to crime and health care.³ The National Institute on Drug Abuse (NIDA) reported similar findings last year.

Criminal acts, on the other hand, must be punished and tough sanctions often are needed to force drug-addicted criminals to stop using drugs and committing crimes. The Crime Control Act created programs to support both treatment and punishment. This Administration will use both these tools in a coordinated fashion to improve public safety and to give chronic, hardcore drug users a chance to recover from addiction.

Linking Criminal Justice and Treatment

Society must be protected from violent and predatory people, even if much of their behavior stems from drug addiction. The United States must recognize that when an unrehabilitated offender is released unsupervised into the community, he or she represents a serious and continuing threat to public safety. Drug treatment can break this destructive cycle. The courts and the correctional system must use their power to convince drug-using offenders to “clean up their act”—to the fullest extent possible for the benefit of all citizens. If drug addicts within the criminal justice system are treated effectively, they will pursue more productive interests, and the streets will be safer. The Crime Control Act formalizes the linkage between the criminal justice and treatment systems and empowers judges to use a valuable range of treatment and punishment options.

When chronic, hardcore drug users are treated, communities become better places to live.

Despite increases in prosecutions and convictions, drug-using offenders all too often pass through the criminal justice system without having been encouraged to stop using drugs. It is imperative that this Nation take advantage of the criminal justice system’s ability at all levels of government to break the cycle of drug dependency and criminal activity. Breaking this cycle will require appropriate treatment, aftercare, and habilitation and rehabilitation services, as well as a commitment to assist users in rebuilding their lives. Once

drug-addicted criminals have been helped to remain drug free and to rebuild their lives, America's neighborhoods and communities will be safer and more productive.

Fundamental to maximizing the drug treatment benefits through the criminal justice system is the concept of coerced abstinence—that is, using the limitations the criminal justice system inherently places on a person's freedom of action to force positive changes in drug use behavior. Several related steps at different stages of the criminal justice process must be taken to effect such change. For

Fundamental to maximizing the drug treatment benefits through the criminal justice system is the concept of coerced abstinence.

example, drug testing a person at the time of his or her arrest can help determine who needs supervision and treatment and who needs the threat of further punishment as an incentive for “getting straight.” Those who are charged with drug offenses not involving violence and who have no prior history of violent offenses could be diverted

through drug courts or other alternative sanction programs that use the threat of incarceration to enforce abstinence and change.⁴

The Drug Courts Initiative within the Crime Control Act establishes drug courts and similar offender management programs at the State and local levels. Existing drug court programs have been tested and proven effective in jurisdictions across the Nation. They ensure certainty and immediacy of punishment for nonviolent arrestees with substance abuse problems who might otherwise go unpunished or receive only unsupervised probation or a minimal sentence. Such programs free up jail and prison space for violent, predatory criminals.

However, to be effective, drug courts and offender management programs must provide integrated services and sanctions that include continuing close supervision; mandatory periodic drug testing, treatment, and aftercare services; and a system of escalating sanctions for those who fail to meet program requirements or do not make satisfactory progress. Offender management programs,

such as Treatment Alternatives to Street Crime, enable courts to divert users into treatment, to condition pretrial release or probation on participation in drug treatment, and to monitor treatment progress. Such comprehensive programs can reduce drug-related recidivism and break the cycle of drugs and crime.

This reasonable but tough treatment for drug offenders can help ensure that drug-addicted criminals do not revert to the same criminal activity and continue to pass through the criminal justice system. Progress has been made by drug court programs in Fort Lauderdale, Florida; Miami, Florida; Oakland, California; Portland, Oregon; New York City, New York; and the District of Columbia. These programs have demonstrated that closely supervised, court-ordered rehabilitation can be successful in reducing drug use, alleviating correctional overcrowding, and freeing prison space for more serious, more dangerous offenders. Simply put, with proper linkages established between the criminal justice and treatment systems, drug-using offenders are given one of two choices—community rehabilitation or incarceration.

As enacted, the Crime Control Act includes the Administration's Drug Court Initiative, authorizing \$1 billion over 6 years to provide competitive grant assistance to jurisdictions planning, establishing, or improving judicially supervised, integrated sanctions and services. In addition, the Department of Justice's Drug Court Resource Center now is available to assist State and local criminal justice systems in planning, implementing, managing, and evaluating the effectiveness of drug court programs.

Sound institutional management also is essential to conducting effective drug treatment programs, and such management is found in the substance abuse treatment program of the Federal Bureau of Prisons (BOP). The BOP program includes drug education, nonresidential treatment, residential treatment, and transitional services and community supervision for inmates under BOP custody. Cooperative working arrangements with the Administrative Office of the United States Courts, which is responsible for Federal probationers and

parolees, have led to joint identification and use of private treatment resources in communities.

There is evidence that prison-based drug treatment is an effective means of controlling recidivism to criminal behavior and that intensive programs such as therapeutic communities (TCs) are well suited for serious drug abusers while they are incarcerated. Studies of the prison-based Stay'n Out TC shows that the program is effective in reducing recidivism rates.⁵ Another study of prison-based TC programs—including the Cornerstone program in Oregon; the Amity program in San Diego, California; and the Key program in Delaware—indicate similar effectiveness in reducing recidivism.⁶ Furthermore, all the studies indicate that the longer the inmates spend in treatment, the lower their rates of recidivism.

The role of structural aftercare in further reducing rates of recidivism is becoming increasingly important. For example, the Amity program in Pima County, Arizona, reported a 21-percent differential in women inmates who continued treatment after they were released into the community versus those that did not. The Key program in Delaware reported a 23-percent differential between the two populations, and the Amity program in Donovan prison in San Diego, California, reported a 26-percent differential.

In 1994 more than 11,500 BOP inmates participated in drug education, more than 3,750 in residential drug treatment, and nearly 2,000 in nonresidential treatment. On any given day in 1994, an average of 750 inmates were participating in transitional services, the final stage of successful treatment completion.

The number of Federal inmates receiving residential drug treatment will grow significantly in the years ahead. The Crime Control Act provides that all “eligible” inmates must receive 6 to 12 months of residential drug treatment. The schedule requires that 75 percent of eligible inmates receive this treatment by 1996, and 100 percent by 1997. A total of \$112.5 million over 5 years, beginning in 1996, is authorized for this purpose.

The BOP targets chronic, hardcore drug users for treatment, which is consistent with the National Drug Control Strategy. The BOP also has begun to target other “most in need of treatment” populations, including offenders diagnosed as having both a substance abuse problem and mental health disorders. An evaluation of the BOP’s residential drug treatment programs currently is under way in conjunction with NIDA, and interim results are due in late FY 1995. The BOP programs already are serving as a model for several State and local jurisdictions and will continue to do so.

The Crime Control Act directly addresses the need for adequate resources for correctional expansion in order to provide space for incarcerating serious, violent offenders and to give meaning to “truth in sentencing” at the State and local levels. The Crime Control Act also ensures that State offenders will have expanded access to residential substance abuse treatment by authorizing \$383 million to support a treatment schedule covering all drug-addicted inmates by the end of FY 1997.

There is evidence that prison-based drug treatment is an effective means of controlling recidivism to criminal behavior.

Finally, this Strategy seeks to advance the linkage between the criminal justice system and drug treatment in the following ways:

- The BOP drug treatment program will be offered to States as a working model. The National Academy of Corrections will sponsor training, transfer of policy and procedural documents, and technical assistance to help States implement the model. In addition, exemplary community and institutional programs at the State and local levels will be recognized, documented, and offered as “host sites” for visits by other jurisdictions.⁷
- Methadone treatment regulations will be reviewed and common outcome measures will be established to help State regulators assess the effectiveness of heroin treatment programs.

Treatment Research

This Nation's treatment research efforts to identify and develop effective drug treatment strategies are, and must continue to be, based on the complexity of drug abuse. Treatment strategies must be tailored to the drug(s) of abuse and the characteristics of the client and treatment provider. Strategies must address many providers' needs to treat a drug user's concurrent mental and medical disorders.

The Treatment, Prevention, and Medical Research Subcommittee, as part of ONDCP's Research, Development, and Evaluation Committee, will pursue the following research priorities:

There now is common agreement among those working in the demand reduction field—from social workers to law enforcement officials—that only prevention efforts can bring about a long-term solution to the problem of illicit drug use and its consequences.

- The development of effective recruitment and retention strategies—that is, ways to direct those who need treatment to enter and stay in treatment;
- More and better outcome studies comparing the different modalities of treatment;
- Rigorous evaluation of behavioral and counseling approaches;
- Development, testing, and dissemination of specialized treatment interventions for populations such as adolescents, women, and minorities;
- Review treatment modalities and maintain the status of medications development;
- Pharmacologic research focusing on developing new medications for cocaine and heroin addiction. This Administration seeks to have an effective cocaine medication available for clinical use before the turn of the century; methadone or LAAM (levo-alpha-acetyl-methadol hydrochloride) for opiate addiction should be used as the practical standard for effectiveness;

- Further development of alternative modalities, such as acupuncture; and
- Investigation of the integration of behavioral and pharmacologic approaches to treatment.

The Treatment, Prevention, and Medical Research Subcommittee also will work to foster comprehensive training and continuing education for treatment professionals, as well as training on the nature of addiction, treatment, and recovery for all other health professionals.

THE ROLE OF DRUG PREVENTION EFFORTS

There now is common agreement among those working in the demand reduction field—from social workers to law enforcement officials—that only prevention efforts can bring about a long-term solution to the problem of illicit drug use and its consequences. There also is common agreement that prevention efforts are difficult to evaluate. Although recent data on adolescents show drug use increasing and attitudes against use declining, there has been significant progress since 1979 in reducing the overall number of individuals who use illicit drugs—from 24 million to 12 million. The Nation must clarify which measures have been effective and examine why the alarming, recent upturns in drug use have occurred.

Prevention is critically important to keeping new users from entering the pipeline to chronic, hard-core use. Prevention must aim to break the intergenerational cycle through which many children of addicts become users. Equally important is a heightened focus on the workplace, where many current drug users can be identified and motivated to stop using drugs through employee assistance programs that offer cost-effective prevention and intervention services. The workplace provides an excellent forum to educate parents on how to help their children avoid drugs, as well as a means to provide concerned employees with information on community drug use issues and on how to get involved in preventing drug use.

The prevention field is maturing in terms of its activeness, applied technology, and a growing body of literature. Hard evidence that supports drug use prevention is beginning to emerge. The National Structured Evaluation (NSE), a recently concluded comparative analysis of hundreds of prevention efforts,⁸ provides some much-needed positive guidance for prevention practitioners.

The challenge is to marshal and leverage these positive forces to shape public policy and keep the field of prevention moving forward. One key to progress is focused, systematic, expert leadership at all levels of government—Federal, State, and local. Information on existing programs, initiatives, and knowledge must be gathered, organized, and shared. All existing programs should be analyzed to determine which approaches are most effective. It is valuable to include programs that are less effective in these efforts because the reasons for their lack of success and possible solutions might be identified. This will reduce the usage of approaches that have proven ineffective in the past. There also is a need to reach consensus on major policy questions and set the direction of the national drug abuse prevention agenda.⁹ This gathering, sharing, collaboration, and leadership within the Federal sector is the basis of the newly proposed National Drug Prevention System (NDPS) discussed later in this chapter.

Drug Prevention Program Evaluation

Measuring and evaluating the impact and effectiveness of prevention programs poses particularly complex problems. However, recent evaluations of drug prevention efforts have found certain programs to be effective in the following outcome areas: (1) reducing risk factors, increasing protective factors, or both; (2) improving knowledge and attitudes about drug or alcohol use; and (3) reducing drug or alcohol problem behaviors.

Prevention research has made it clear that, at a minimum, the Nation's young people need the following:

- Community settings that protect and promote drug-free living;

- Educational, workplace, and social settings that impart and reinforce accurate drug information and “no use” attitudes; and
- Social sanctions and rewards that discourage drug use and other serious risk behaviors.

To link specific prevention efforts to specific outcomes, analysts must ask not simply “What works?” but also “What specific programs are effective, what approaches do they use, and with which populations will they be effective?” Once the answers are obtained, the information must be shared.

The NSE makes a significant contribution to the knowledge of drug prevention programs in the United States by identifying effective approaches and making essential observations of outcomes sought and populations served by prevention efforts. Table 5-1 presents an overview of typical prevention approaches used to organize the NSE.

Many of the findings of the NSE will be useful at both the Federal and local levels. Its findings include the following:

- For younger children and adolescents, prevention approaches that emphasize personal skills development and task-oriented skills training—“psychosocial” approaches—were shown to be the most consistently effective in reducing alcohol and drug use.
- For adolescents at significant risk for problem behaviors, professionally administered individual and family counseling demonstrated effectiveness in influencing long-term risk and protective factors related to drug use and alcohol abuse.
- For adults, prevention approaches that change the community environment, often in concert with interventions targeted to specific individuals, were shown to be effective in reducing drug and alcohol problem behaviors.

The prevention field is maturing in terms of its activeness, applied technology, and a growing body of literature.

Table 5-1. Typical prevention approaches

Evaluators conducting the National Structured Evaluation grouped prevention modules into seven distinct approaches that characterize typical prevention activities:

1. **Positive Decisionmaking Approach**—provides personal skills development and didactic drug education to preadolescent children. It accounts for nearly one-quarter of the modules and is most often identified with both school-based and community-based programs.
2. **Safety/Health Skills Approach**—provides personal skills development, didactic drug education, and safety education. It is the least common approach, accounting for slightly more than 2 percent of the modules, and is almost always school-based.
3. **Psychosocial Skills Approach**—provides personal skills development and/or task-oriented skills training, but no didactic drug education. It accounts for more than 10 percent of the modules and is generally provided by nonprofit agencies for adults and adolescents.
4. **Counseling Intensive Approach**—provides individual counseling and/or family intervention and didactic drug education. It accounts for more than 10 percent of the modules and is often administered by government agencies in large cities and targeted toward minority populations, notably Hispanics.
5. **Case Management Approach**—provides case management, individual counseling, and task-oriented skills training. It accounts for more than 7 percent of the modules and is generally longer term and more likely to involve health care and addiction professionals. Modules addressing pregnant and postpartum women and infants generally use this approach.
6. **Multidirectional Approach**—provides many disparate activities including, at a minimum, personal skills development, task-oriented skills training, didactic drug education, and access to drug-free activities for inner city minority adolescents. It accounts for about 13 percent of the modules.
7. **Environmental Change Approach**—provides training, forms coalitions, changes laws or enforcement patterns, and changes the physical environment. It accounts for nearly one-third of the modules and often involves both public and nonprofit agencies but seldom involves schools.

- Programs that are sensitive to and reflect the cultural values of the targeted group are more effective.

These findings will be further evaluated, combined with other relevant findings, and shared systematically with local communities. These findings are consistent with those of the broader prevention research that underpins the social development strategy now being employed in about 100 communities across the country.¹⁰

Under the Department of Justice's Communities That Care program, communities are employing approaches to interrupt the processes that produce problem behaviors, such as crime, violence, and substance abuse.

Other relevant evaluation studies now under way are expected to yield findings of significant impor-

tance over the next 2 years. These studies include cross-site evaluations of Pregnant and Postpartum Women and Infants grants, Community Partnership grants, and High Risk Youth grants. In addition, the Department of Education is supporting a study designed to examine the effectiveness of comprehensive prevention programming in school settings which is funded by its Safe and Drug-Free Schools and Communities program.

Targeting Alcohol Abuse by Minors

Alcohol is the single most abused substance throughout the Nation, especially among young people in secondary schools and colleges and universities. Because underage drinking—especially binge drinking—has extremely serious consequences for students' health, safety, and school performance, and because underage drinking is so frequently a forerunner or companion to illicit drug use, this Strategy includes a strong alcohol prevention component (targeting youth under age

Other relevant evaluation studies now under way are expected to yield findings of significant importance over the next 2 years.

21) in the media campaign discussed in Target No. 3 at the end of this Chapter.

Federally funded prevention programs will continue to provide young people with clear messages about the dangers of the underage use of alcohol and tobacco. The Departments of Health and Human Services, Education, Transportation, and Treasury will continue to place a high priority on programs that discourage the use of alcohol and tobacco by minors.

Safe and Drug-Free Schools

The educational system will continue to be a vital means of conveying the prevention message to young people. One of the Federal Government's most important prevention initiatives is the Safe and Drug-Free Schools and Communities program, administered by the Department of Education since 1987. With every national indicator of adolescent drug use trends continuing to point to an increase in drug use by young people, this important program has taken on added significance.

Experts agree that school-based drug prevention programs, such as those supported through the Safe and Drug-Free Schools and Communities Act (SDFSCA), help stop young people from using drugs. Recently authorized, the SDSFCA has been expanded to address violence prevention, to provide better accountability and enhanced coordination and community linkages, and better target funding to areas in need. If the United States is to succeed in preventing the onset of a new wave of drug use, schools must continue their drug prevention efforts.

In addition to continuing support of existing school-based programs, the Department of Education will implement the new Family and Community Endeavor Schools (FACES) grant program, and the Department of Health and Human Services will implement the Community Schools and Youth Services and Supervision grant program. Both programs are authorized under the Crime Control Act. The FACES program will support programs in high-poverty and high-crime areas to improve the academic and social development of at-risk students through such activities as after-

school programs, mentoring, family counseling, and parental training. The Community Schools and Youth Services and Supervision Grant Program will support similar activities in areas of high poverty and juvenile delinquency. Public school buildings will be open after hours, on weekends, and during the summer months as a home base for these activities. Through these programs, along with the other programs of the Safe and Drug-Free Schools and Communities Act, the Administration will seek to enhance schools' ability to present a firm "no use" prevention message to youth, especially those who are at greatest risk of becoming involved with drugs, gangs, and violence.

Community-Based Programs

Community-based initiatives, whether at the national or local level, require planning and intensive cooperation between law enforcement (e.g., police, prosecutors, courts, and the corrections system), schools, private institutions, the faith community, other community organizations, citizens, and others. Several current initiatives foster collaboration at the Federal, State, and local levels. One key initiative at the local level is the Administration's Community Oriented Policing Services initiative to put 100,000 new police officers "on the beat." In many communities, these police officers will work to encourage residents to come forward with information pertinent to criminal investigations and to transfer relevant intelligence into the hands of drug enforcement operations personnel. They also will serve as role models in their communities and will initiate or take part in education and prevention programs, including Project D.A.R.E. (Drug Abuse Resistance Education) and the General Response Action Tracking System. Police officers also will work to identify drug use and trafficking trouble spots, coordinate related crisis intervention services, and act as visible deterrents to street-level drug dealing.

Operation Weed and Seed also plays an important role in empowering communities to develop and implement area-specific law enforcement and

Alcohol is the single most abused substance throughout the Nation, especially among young people in secondary schools and colleges and universities.

demand reduction strategies. Operation Weed and Seed integrates law enforcement and criminal justice efforts at all levels of government services and private-sector and community efforts to maximize the impact of existing programs and resources. This program has been successful in allocating resources to people and programs that can best address the community's specific problems and concerns.

The Empowerment Zone/Enterprise Communities Initiative, the Pulling America's Communities Together Program, and the President's Ounce of Prevention Council also assist communities and use this collaborative approach. DOJ and other agencies will be involved in implementing a series of coordination-oriented initiatives to revitalize American communities and enable them to more effectively combat drugs, crime, and violence.

The Administration intends to increase the number of community partnerships around the Nation.

Community Antidrug Coalitions and Partnerships

Experience has shown that for drug prevention to be effective, drug distribution and use must be addressed by comprehensive, inclusive, balanced responses at

the community level. These responses should involve the coordinated activities of as many sectors of the community as possible, including schools, parent associations, faith organizations, local police, health care providers, service and civic organizations, and private businesses of all sizes. Community-based prevention efforts mobilize individuals, organizations, and systems to act in concert to address the multitude of problems associated with drug abuse in American neighborhoods and communities.

A cornerstone of the Administration's drug policy is to work with community partnerships and antidrug coalitions. To encourage this cooperation, the Administration will focus on achieving the following goals:

- Work in partnership with such national, prevention-related, coalition-building efforts as the Robert Wood Johnson Foundation's "Fight-

ing Back" and the Community Anti-Drug Coalitions of America;

- Develop and expand the number of enforcement officers on the streets and encourage stronger community support of local police efforts;
- Develop effective models for community action; and
- Target resources toward programs that address youth and high-risk populations.

The Administration intends to increase the number of community partnerships around the Nation. As communities understand that large amounts of initial funding are not required to establish strong partnerships, there should be a marked increase in partnerships. Furthermore, given the wealth of knowledge provided by the 253 communities that already have participated in the program, technical assistance and information can enable new participants to move quickly and inexpensively to identify local resources and plan and implement actions that address local needs.

Drug-Free Workplaces

Drug use in America's workplaces has severe negative consequences and should be viewed as a bottom-line issue for the business community. Drug use threatens the safety and personal health of workers and consumers and degrades worker effectiveness. For businesses, it means higher injury rates, increased workers' compensation claims, reduced efficiency, and diminished productivity and competitiveness. Beyond the workplace, drug use also has played a powerful role in the disintegration of American communities and families. Community-based substance abuse initiatives should involve businesses as vital partners in helping communities design efforts to strengthen their overall ability to address substance abuse problems.

Given that approximately three-fourths of adult men over the age of 16 and more than one-half of adult women in the United States are employed, the workplace offers a key arena in which to edu-

cate Americans about positive lifestyles, attitudes, and behaviors. To have maximum effectiveness, workplace programs must begin with a policy that clearly states that drug and alcohol use on the job is not acceptable. Drug-free workplace programs should include supervisor training and employee education programs as well as the means to identify those workers who abuse substances. For certain workplace environments, such as those involving safety-sensitive duties, workplace programs should include a reasonable program of drug testing. Finally, workplace programs should include the means to assist employees who do use drugs to become drug free.¹¹

It is Administration policy to help keep America's workplaces free of the problems of drug abuse. This includes the Federal Government, which is the Nation's largest employer and which has a special responsibility to set an example for other employers by eliminating their employees' drug use. This responsibility is given greater urgency by the fact that many Federal agencies, Federal employees, and federally regulated industries are entrusted with public safety and welfare as well as with national security. For these reasons, the Administration strongly supports, and is making every effort to achieve, full implementation of Executive Order 12564, which prohibits illicit drug use by employees of Executive Branch agencies and requires all agencies to adopt comprehensive drug-free workplace policies and programs. The Administration urges Congress to adopt a similar program for its employees so that it can ensure that its workplace is drug free.

To encourage drug-free workplace programs, ONDCP has established a Drug-Free Workplace Working Group composed of representatives from Federal agencies to recommend actions providing employers with (1) incentives to adopt drug-free workplace policies and programs, (2) information on model programs shown to be effective, and (3) specific knowledge that can support efforts to establish and maintain drug-free environments. The Drug-Free Workplace Working Group will remain in effect to oversee and advance implementation of its recommendations. The workplace will be a major focus of the Administration's drug efforts in 1995.

Faith Community Involvement

America's faith community can play an important role in finding solutions to the related issues of drugs and violence. Places of worship are the spiritual centers of many communities. Individuals and families turn to their religious institutions for healing, hope, and guidance in difficult social and personal matters, including the distribution, use, and impact of drugs on their communities. The faith community can help prevent drug use and can serve as a familiar community advocate against violence.

In the past year the Administration began exploring ways to effectively coordinate its efforts and those of the faith community. Two major steps were taken toward this end:

- ONDCP endorsed the national One Church, One Addict program to encourage every religious institution in America, regardless of faith or denomination, to adopt one recovering addict and help him or her develop and sustain the ability to live drug free.
- ONDCP made a decision to hold a major meeting of faith community leaders from across the Nation to reach consensus on specific steps to take to reverse the impact of drug use and drug-related violence. This meeting of faith community leaders is expected to take place before the end of 1995.

These efforts and others will encourage partnerships among many concerned organizations. Members of local community partnerships and coalitions already are working within their communities and neighborhoods to develop faith-based strategies to address alcohol and drug abuse. As new community leaders emerge and join with established leaders, community partnerships and coalitions will draw on the strengths of various religious faiths to provide training and information about effective faith-based strategies for the prevention and treatment of alcohol and other drug problems.

Given that approximately three-fourths of adult men over the age of 16 and more than one-half of adult women in the United States are employed, the workplace offers a key arena in which to educate Americans about positive lifestyles, attitudes, and behaviors.

Meetings with the leaders of various religious faiths have been held periodically by ONDCP to address issues of prevention and treatment, violence, drug abuse, and other related problems. Specialized technical support and training also have been provided to faith community leaders and seminaries including identifying Federal resources and providing pertinent information about the relationship between substance abuse and violence.

African American Male Initiative

ONDCP has established a special initiative to study the special problems facing African American males, especially those problems relating to drugs and violence, and to develop a range of responses and an action agenda to begin dealing with the most serious of those problems. A key component of the initiative will be the development of a matrix of Federal programs and leadership, so that the problems identified and potential solutions can be directed to the appropriate level for decisions and cross-departmental actions.

Meetings with the leaders of various religious faiths have been held periodically by ONDCP to address issues of prevention and treatment, violence, drug abuse, and other related problems.

National Service Program

Research on drug abuse prevention shows that high-risk youth are better able to withstand the lure of drugs and gangs when they develop strong ties to social and community organizations and when they learn discipline and self-respect through work and achievement. The Corporation for National Service, now in its second year, is making a significant contribution to the National Drug Control Strategy through a variety of programs that harness the energy, enthusiasm, and commitment of young people in service to their Nation, their community, and their fellow youth.

During the summer of 1994, the Summer of Safety Program enabled thousands of young people, who serve for 2 years, to work with local programs to enhance school readiness and promote school suc-

cess; help control crime and reduce violence by improving community services, law enforcement, and victim services; rebuild neighborhoods by renovating and rehabilitating aging housing stock; improve neighborhood environments; and provide better health care in America's communities.

To provide explicit recognition for young people who lead the way in saying "yes" to a drug-free and productive life, the Director of ONDCP will develop a program to recognize outstanding children and adolescents who exhibit courage and the spirit of citizenship in service to their peers, through example and leadership, and to their communities, through contributions to anti-drug and healthy alternative endeavors.

Prevention Research

Prevention is a newer discipline than treatment, and in many ways, more complex. Its promises are evident, but its results can be difficult to document. For example, a recently released report from the U.S. Congress Office of Technology Assessment concluded that "Current drug prevention programs lack scientifically accepted standards for determining their success or failure..."¹² Yet, as noted earlier, there is a significant body of research findings regarding violence, crime, substance abuse, and other problem behaviors. Once understood, the interrelationships among these findings should guide the implementation of community programs.

The interrelationships of risk and protective factors, knowledge and attitudes, and drug use behaviors highlight the potential for building an effective prevention model. Such a model will allow communities to identify drug use and take appropriate action based on sound planning. This process will require the kind of systematic approach envisioned by the NDPS and will require discipline to avoid inflated claims and expectations for any one program.¹³ Although reduction or increase in drug use is the basic measure for success, no one program can or should be an exclusive panacea. To be effective, any comprehensive prevention strategy must address long-term risk and protective factors, improve

knowledge and attitudes, and intervene in drug use behaviors. In addition, individual components that comprise the strategic whole should be tightly targeted and coordinated so they contribute to, rather than attempt to accomplish on their own, all the goals of prevention.

Another priority area for prevention research is examining the effects, both positive and negative, of media influence on the social environment. Positive environmental change efforts are generally evaluated as likely to be effective with those of high school age and older. These broad-based community efforts seek to reduce risk factors and increase protective factors, often through tightly focused, specific efforts. The effects of specific actions appear to be cumulative, with concrete changes felt in the broader community. On the other hand, there clearly exist environmental inducements to drug use, to other negative behaviors, and to underage alcohol and tobacco use. The role and impact of the media on the community environment have been measured and evaluated. This effort to evaluate the role of the media in the drug problem must be continued and refined, and the media must continue to act responsibly.

In addition to the long-term need for a systematic approach, there is the need to keep existing programs focused to ensure the greatest cumulative effect. The differing impacts of specific drug use and violence prevention programs, as well as the need for all prevention programs to be properly coordinated and targeted, make it clear that a proactive Ounce of Prevention Council¹⁴ is critical both to effective implementation of the Crime Control Act's violence prevention programs and related drug prevention programs and to the application of existing research to the design of all prevention programs.

National Drug Prevention System: A Shared Responsibility

At the community level there is a groundswell of support for prevention. Local leaders, parents, youth, law enforcement, faith community leaders, and professional prevention specialists are recognizing prevention as the only long-term answer to

drug abuse and its negative consequences. The prevention field is maturing. Solid data help determine which programs are effective, which programs have promise, and which programs should be eliminated. There is a growing body of literature, including literature on studies such as the NSE, which demonstrates how programs can fit together and contribute to an effective community strategy.

Consequently, this Administration supports the development of the NDPS built on the knowledge gains of the past several years and designed to leverage Federal resources and influence to forge, promote, and sustain strong prevention partnerships among Federal, State, and local entities. The NDPS will unite various drug prevention sectors and programs and serve as a comprehensive system to address the drug abuse prevention needs of the Nation's diverse population. It also will facilitate identification of major gaps and overlaps in prevention, and it will promote optimum planning for the most effective use of drug prevention resources.

The Federal Government can best provide leadership to this initiative by modeling collaboration and joint planning among the 32 Federal agencies with demand reduction responsibilities. ONDCP will lead this effort by convening a roundtable discussion of demand reduction agencies as part of the NDPS. The NDPS will provide an inventory of existing drug abuse prevention initiatives and programs, identify major gaps and areas of overlap, and plan the most effective use of resources. Major prevention agencies in the Departments of Education, Health and Human Services, Justice, Housing and Urban Development, and Labor, as well as planning and coordination agencies such as ONDCP, the Office of National AIDS Policy Coordination, and National Performance Review will be involved. The NDPS also will report to the President's Ounce of Prevention Council and will be chaired by ONDCP's Office of Demand Reduction.

Local leaders, parents, youth, law enforcement, faith community leaders, and professional prevention specialists are recognizing prevention as the only long-term answer to drug abuse and its negative consequences.

The NDPS will include the following ongoing and new initiatives:

- Encouraging private-sector drug prevention organizations to share information and work together to heighten prevention efforts nationwide;
- Encouraging community-based prevention services in all communities to include services for at-risk youth;
- Encouraging community partnerships to coordinate prevention programs at the local level so as to provide comprehensive services throughout communities;

The NDPS's challenge is to unite all these components into an interactive, synergetic system that will make a permanent impact on drug abuse in America.

- Supporting State organizations to provide a statewide network of community partnerships;
- Convening a forum to address national prevention policy matters;
- Encouraging public and private efforts to create dissemination systems to transmit the latest knowledge and prevention methods to the field;
- Developing Federal capacity to generate and evaluate innovative prevention strategies and to replicate promising strategies;
- Encouraging the expansion of prevention training systems, including the development of academic training programs in colleges and universities;
- Enhancing workplace programs to make comprehensive information on drug-free workplace programs available to all businesses; and
- Promoting a special national partnership between law enforcement (especially community policing) and community-based prevention services.

The NDPS's challenge is to unite all these components into an interactive, synergetic system that will make a permanent impact on drug abuse in America.

12-MONTH ACTION PLAN FOR REDUCING THE DEMAND FOR ILLICIT DRUGS

The Action Plan for Reducing the Demand for Illicit Drugs consists of three targets: (1) develop the NDPS, (2) develop model provider training and certification guidelines for treatment and prevention professionals, and (3) launch a "Save Our Children—Save Our Future" Media Campaign.

Target No. 1: Develop the NDPS

Steps:

- Identify key personnel from Federal agencies with drug prevention responsibilities and initiate the NDPS by convening these personnel in monthly meetings (Completion Date: February 1995).
- Develop a plan to use previously planned national conferences and workshops in the drug abuse prevention field to discuss and develop the NDPS (Completion Date: March 1995).
- Perform an inventory of federally sponsored substance abuse prevention efforts to promote initiatives involving program coordination, streamlining, and interaction at these monthly meetings (Completion Date: July 1995).
- Develop common themes that Federal agencies will carry forward in their projects to prevent drug abuse (Completion Date: July 1995).
- Encourage technology transfer among private-sector organizations working in the drug abuse prevention field (Completion Date: August 1995).
- Support annual workshops to enhance the state of the art and national awareness of

applied prevention programming (e.g., a research and evaluation workshop to assess the prevention knowledge base and to recommend directions for new studies, or a public awareness workshop to assess current public messages and to recommend new themes based on current national interests) (Completion Date: December 1995).

- Encourage substance abuse prevention conferences to enhance the prevention field (Completion Date: December 1995).

Completion Date: December 1995

Target No. 2: Develop Model Provider Training and Certification Guidelines for Treatment and Prevention Professionals

This target is intended to further the level of excellence among drug abuse prevention and treatment professionals, with the goal of engendering and maintaining consumer confidence in the quality of services delivered by the prevention and treatment systems.

Several States have skills-based certification processes, and others have education- or credential-based systems. This target will identify the state of the art in provider training and certification, and using models from across the Nation, develop model provider training and certification guidelines for treatment and prevention professionals.

Steps:

- Expert advice will be sought to identify and define the current provider training and certification systems. Recommended guidelines for providers to use in the training and certification process will be provided.
- Federal agencies will solicit input on the guidelines.
- A provider preparation document will be produced and disseminated to the field.

Completion Date: December 1995

Target No. 3: Launch a “Save Our Children—Save Our Future” Media Campaign

This campaign will have two components: media messages and the Media Literacy Program. ONDCP will invite major media organizations to join ONDCP and the Partnership for a Drug-Free America to develop several media messages intended to discourage youth from using drugs. The Media Literacy Program trains young people to analyze media messages critically, whether commercial or entertainment, with the theme that one can and should think for oneself.

Steps:

- Deglamorize drug use (including tobacco and alcohol) in the minds of American children. The Administration will target cable television networks, major television networks, corporations and industries, and other media organizations.
- Disseminate to parents, community partnerships, antidrug coalitions, and other community groups the information provided to media leaders as well as a report on the response of the media.
- Recognize media programs and messages that honestly and thoughtfully instruct and challenge children regarding drug use.
- Work with SAMHSA to implement the Media Literacy Program.
- Encourage SAMHSA to develop specific plans to train youth workers enrolled in the Job Opportunities and Basic Skills program in drug prevention strategies.

Completion Date: December 1995

The Action Plan for Reducing the Demand for Illicit Drugs consists of three targets: (1) develop the NDPS, (2) develop model provider training and certification guidelines for treatment and prevention professionals, and (3) launch a “Save Our Children—Save Our Future” Media Campaign.

ENDNOTES

- ¹ Drug addiction is a debilitating condition with physical and mental causes and consequences. Diagnostic criteria for addiction, agreed upon by the American Psychiatric Association and the World Health Organization, include physical effects, such as marked tolerance and symptoms of withdrawal, and psychological consequences, including craving and a mental focus on obtaining and using drugs. Addiction fuels destructive behavior patterns that are exceedingly difficult to break.
- ² Rydell, C.P., and Everingham, S.S. *Controlling Cocaine: Supply Versus Demand Programs*. RAND report. 1994.
- ³ *Evaluating Recovery Services: The California Drug and Alcohol Treatment Assessment*. National Opinion Research Center at the University of Chicago and Lewin-VHI, Inc., for the State of California, Department of Alcohol and Drug Programs.
- ⁴ A telephone survey of Maryland households shows that a majority (59 percent) of Marylanders believe that individuals convicted for the first time should be sent to treatment programs. Source: Center for Substance Abuse Research (CSAR) facsimile (FAX), University of Maryland at College Park, Vol. 4, Issue 2, January 16, 1995.
- ⁵ Wexler, H.K.; Falkin, G.P.; and Lipton, D.S. 1988. *A Model Prison Rehabilitation Program: An Evaluation of the Stay'n Out Therapeutic Community*. Final Report to the National Institute on Drug Abuse. New York: Narcotic and Drug Research, Inc.
- ⁶ Wexler, H.K.; Falkin, G.P.; and Lipton, D.S. 1990. Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment. *Criminal Justice and Behavior* 17(1):71-92.
- ⁷ The BOP program is well established and widely respected. Documents, information, and assistance are provided informally to treatment and corrections experts. ONDCP will help the BOP become more actively involved in transferring the technology it has developed as well as in using the existing expertise and infrastructure to provide recognition for exemplary local programs and to involve them in transferring their ideas.
- ⁸ *The National Structured Evaluation of Alcohol and Other Drug Abuse Prevention*. The Center for Substance Abuse Prevention, Department of Health and Human Services. Washington, D.C. 1994.
- ⁹ In the 1994 *National Drug Control Strategy*, ONDCP announced its intention to convene a panel of national scholars and experts in substance abuse prevention to ensure that prevention efforts play an appropriately important and visible role in the Nation's demand reduction efforts. The expert panel included research, practitioner, and evaluation authorities. It has met three times to ascertain, to the best of its ability, why the adolescent data sets are reporting an increase in adolescent drug use and a softening of attitudes about use. In order to begin counteracting these emerging trends, the panel developed a series of recommendations. Included among these recommendations are specific steps that ONDCP already has implemented, such as the formation of an adolescent advisory panel being convened as the NPS. Another recommendation concerned implementing programs that foster greater school and community involvement, such as the FACES grant program, administered by the Department of Education. Another recommendation was to develop a media strategy to convince parents and youth that drug use is dangerous. These plans are in development and are reflected elsewhere in the action plans within this Strategy.
- ¹⁰ See, for example, *Preventing Serious, Violent, and Chronic Juvenile Offending: Effective Strategies From Conception to Age Six*. National Council on Crime and Delinquency. Working Draft, August 1994.
- ¹¹ During 1994, the Department of Transportation implemented new rules on alcohol misuse mandated by the Omnibus Transportation Employee Testing Act of 1991. This act required alcohol and drug testing of safety-sensitive employees in the aviation, motor carrier, railroad, and mass transit industries. More than 7 million employees will be affected by the legislation.
- ¹² *Technologies for Understanding and Preventing Substance Abuse and Addiction*. Office of Technology Assessment, U.S. Congress. Washington, D.C. September 1994. Page 21 of the executive summary. GPO Document S/N 052-003-01388-6.
- ¹³ The recent public discussion about Project D.A.R.E. is a case in point. In essence, the evaluations suggest that D.A.R.E. is not, by itself, a sufficient community response to the drug problem. Knowledge and attitudes do not appear to be clearly linked to (risky) behaviors in the younger student populations. Some studies question the value of increasing knowledge of drug consequences and creating antidrug attitudes among students who do not (and will not soon) face choices about drug use. One implication is that programs such as D.A.R.E. might be more appropriate for older children. Another implication is that because the effects of such programs do not last long, their messages should be reinforced periodically.
- ¹⁴ The President's Ounce of Prevention Council, established in Title III, Subtitle A, of the Crime Control Act includes the Secretaries of Education, Health and Human Services, Housing and Urban Development, Agriculture, the Treasury, and the Interior; the U.S. Attorney General; and the Director of ONDCP in a joint effort to address

more thoroughly the issue of crime prevention. The mandate of the council includes efforts to better coordinate planning, develop a comprehensive crime prevention catalog, provide assistance to communities and community-

based organizations seeking information about regarding crime prevention programs, integrate service delivery, and develop strategies for program integration and grant simplification.

VI. Action Plan for Reducing Crime, Violence, and Drug Availability

Few efforts are as important as law enforcement in controlling drug use and related crime. This Action Plan targets those who attempt to bring illegal drugs into this country and sell them on the streets of this Nation's cities and towns. Its key priorities are to disrupt and dismantle drug trafficking organizations, and investigate, arrest, prosecute, and imprison drug traffickers, and seize their assets. It is based on a firm conviction: Drug traffickers are predatory toward individuals and parasitic toward society, and should be pursued until they are stopped.

Trafficking organizations will be attacked at every level, from drug kingpin down to street corner dealer, through a careful coordination of Federal, State, and local law enforcement efforts. Through community policing, the beat cop will be back on the street. And money laundering and border control efforts will be expanded through major initiatives.

In spite of intensified drug awareness, law enforcement, and rehabilitation efforts, the United States still is plagued with a severe drug problem. International drug trafficking organizations continue to transport thousands of kilograms of illicit drugs across U.S. borders into cities and towns, and domestic drug dealers use violence and intimidation to control illegal neighborhood drug markets. Although levels of casual drug use have decreased since 1985, there still are approximately 2.7 million chronic, hardcore drug users of heroin and

cocaine, a large percentage of whom engage in a variety of criminal activity—some of it violent—to support their drug addictions. Perhaps most distressing, drug use among the Nation's youth is on the increase.

The trafficking and consumption of cocaine, marijuana, and heroin present an enormous challenge for U.S. law enforcement. Although stopping the trafficking and distribution of cocaine is law enforcement's top drug priority in most areas of the country, extensive resources also are focused on stopping the trafficking of heroin and other dangerous drugs such as marijuana, PCP (phencyclidine), LSD (lysergic acid diethylamide), methamphetamine, and methcathinone. In addition, law enforcement also must address the abuse of legitimately manufactured controlled substances, which are a major source of drug-related addictions or dependencies, medical emergencies, and deaths.

The illicit drug problem, though international in scope, is most dramatically characterized by the social decay and violent crime that it creates in this Nation's cities and towns. In its efforts to best address this problem, the Administration recognizes the following:

- Federal investigative and prosecutive efforts help keep drugs out of communities. These efforts include focusing on international drug trafficking and money laundering organizations and investigating major regional and inter-

State drug trafficking organizations;

- Federal efforts alone will not solve this Nation's drug problem. The development of regional and community solutions to drug abuse, crime, and violence is a critical element of the U.S. antidrug effort; and
- Collaboration among Federal, State, and local law enforcement is essential to successfully address those aspects of the drug trade inflicting the greatest harm on communities.

PROGRESS MADE TOWARD LAW ENFORCEMENT GOALS

The law enforcement goals of the 1994 *National Drug Control Strategy* included three critical law enforcement missions:

The Nation took a major step forward in reducing drug-related crime and violence when it passed the Violent Crime Control and Law Enforcement Act of 1994.

- Reduce domestic drug-related crime and violence (Goal 9).
- Reduce all domestic drug production and availability, and continue to target for investigation and prosecution those who illegally import, manufacture, and distribute dangerous drugs and who illegally divert pharmaceutical and listed chemicals (Goal 10).
- Improve the efficiency of Federal drug law enforcement capabilities, including interdiction and intelligence programs (Goal 11).

The Nation took a major step forward in reducing drug-related crime and violence when it passed the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322; hereafter, referred to as the Crime Control Act). The Crime Control Act builds on the essential elements of the President's *National Drug Control Strategy* by authorizing additional police officers, police sanctions, and treatment and prevention programs. The Crime Control Act will put 100,000 new

police officers on the Nation's streets; provide treatment for chronic, hardcore drug users incarcerated in prisons; expand the use of drug courts; support multijurisdictional drug enforcement task forces; and provide crime and drug prevention programs in schools and communities.

The Crime Control Act includes important provisions to address drug-related violence. It includes an assault weapons ban that increases the safety of police officers and citizens by banning 19 listed weapons; copycat weapons; and other clearly defined semiautomatic assault weapons that are the weapons of choice of drug dealers, gang members, and mass murderers. Furthermore, the Crime Control Act makes it illegal for young people to carry handguns except with parental authorization.

DOMESTIC LAW ENFORCEMENT EFFORTS

The domestic law enforcement response to the drug problem must be predicated on a coordinated attack¹ on drug trafficking organizations. These organizations, though largely headquartered outside the country, supply the drugs that are sold on the streets of U.S. cities and towns. They conduct vast operations within the United States, either directly or through U.S.-based associated entities such as transportation networks, financial service or money laundering organizations, and independent distribution mechanisms. Highly sophisticated in their operations, these organizations are nevertheless vulnerable in several ways, and it is on these vulnerabilities that Federal, State, and local efforts must concentrate.²

Effective attacks on drug trafficking organizations are not limited to law enforcement operations against the upper echelons of the organizations; rather, they include investigative approaches that work to disrupt, dismantle, and eventually destroy entire organizations. Through these efforts, law enforcement can dramatically reduce the amount of drugs reaching the streets. Federal, State, and local law enforcement agencies must continue to target for arrest and prosecution those within the United States who manage drug trafficking organizations and their associates who cultivate, pro-

duce, transport, and distribute illegal drugs. Furthermore, law enforcement agencies must continue to disrupt the operations of drug trafficking organizations by dismantling the communications, production, transportation, and money laundering components that make up the infrastructure of these illegal operations.

Domestic law enforcement efforts must go beyond the prosecution and imprisonment of drug traffickers and drug-related money launderers. These efforts also must disrupt and dismantle criminal enterprises by stripping away the material assets necessary to sustain illicit drug activity. Asset forfeiture is among the most effective and powerful tools in the fight against drug trafficking and money laundering and, as such, is a critical component of this Nation's antidrug efforts. The ability of the Government—as part of its investigative and prosecutive strategy—to remove the proceeds of crime from individuals and to destroy the economic infrastructure of criminal organizations is essential to effective drug law enforcement.

Current law provides for the forfeiture of the proceeds of illegal drug trafficking as well as the property used to facilitate such activity. Federal, State, and local law enforcement agencies will continue to identify and seize forfeitable property and to initiate criminal, civil, and agency administrative forfeiture proceedings. Once forfeited, property is sold or retained for official use by law enforcement.³ The Attorney General and the Secretary of the Treasury have the authority to make equitable payments to State, local, and foreign law enforcement agencies for their assistance and participation in successful forfeiture cases. To date, the program has distributed hundreds of millions of dollars to State and local law enforcement agencies to fund drug law enforcement endeavors.

Federal Enforcement Efforts Against Trafficking Organizations

Federal criminal investigative agencies play a significant role in reducing the amount of illicit drugs reaching the streets of U.S. cities and towns. These agencies interdict drugs at U.S. borders, investigate drug trafficking organizations, investigate money laundering and financial institutions,

and collect and disseminate drug law enforcement intelligence.

Border Control

Most of the illicit drugs consumed in the United States are produced in other countries. Traffickers must smuggle them across the Nation's borders to get them to their ultimate destination—the American drug abuser. Of particular concern is the flow of drugs across the Southwest Border, nearly 2,000 miles in length. Current estimates indicate that as much as 70 percent of all cocaine coming into the United States is trans-shipped through Mexico and then across the U.S.–Mexico border. By identifying smuggling organizations through investigative activity, intensified cargo inspections, controlled deliveries, proactive undercover operations, and effective analysis of drug-related intelligence, the country's principal border control agencies, the U.S. Customs Service and the Immigration and Naturalization Service (INS) (which includes the U.S. Border Patrol), have expanded and enhanced their capabilities to manage the threat posed by the large numbers of people and vehicles that cross the border daily, both through the legitimate ports of entry and across the vast, unpopulated areas between ports.

Federal criminal investigative agencies play a significant role in reducing the amount of illicit drugs reaching the streets of U.S. cities and towns.

Other agencies, such as the U.S. Drug Enforcement Administration (DEA) and the Federal Bureau of Investigation (FBI), along with the relevant U.S. Attorneys' Offices, also have focused much of their investigative and prosecutive efforts in the Southwest Border area. These two agencies have initiated a joint investigative strategy to combat the major Mexican drug trafficking organizations responsible for transporting much of the drugs across the border. This effort combines investigative expertise and prosecutorial talent to provide the maximum impact possible.

As part of its drug control efforts, the Department of Defense (DOD) has continued its support of domestic law enforcement. DOD provides a wide

array of expertise and often unique capabilities not usually found in law enforcement agencies. This assistance includes improving the physical aspects of border control (e.g., fences, barriers, and detention facilities) and providing vital intelligence analysis and translator support.

Because protecting the Southwest Border is so important in the fight against drug trafficking, the Administration will continue to improve Federal efforts in this region. During Fiscal Year (FY) 1995, the Border Patrol will add about 700 Border Patrol agents, and the U.S. Customs Service will

continue to expand its efforts to better address the flow of drugs through U.S. ports of entry.

Successfully coordinated, intelligence-based investigations of trafficking organizations that transport drugs across international borders almost always will have important interdictive effects, most notably a decrease in the amount of drugs reaching the streets.

Focused, intelligence-based interdiction that concentrates on the transportation and storage smuggling functions of major organizations involved in the importation of drugs must be a fundamental part of this Nation's domestic law enforcement effort. The response to the threat of drug smuggling must extend beyond simply

seizing drugs as they enter the United States. Each seizure must be seen as part of an overall goal to prosecute those criminal organizations that pose the greatest threat to this country.

Successfully coordinated, intelligence-based investigations of trafficking organizations that transport drugs across international borders almost always will have important interdictive effects, most notably a decrease in the amount of drugs reaching the streets. To this end, Federal law enforcement agencies will enhance and better coordinate efforts to investigate, disrupt, dismantle, and destroy trafficking organizations responsible for moving substantial quantities of drugs across this Nation's borders.

In January 1995 the Administration announced the Valley Project. This operation coordinates the efforts of 17 Federal, State, and local law enforcement agencies as well as the military to

crack down on and seriously disrupt and deter the flow of drugs into the United States through the Imperial Valley, California, region on the Southwest Border. Investigative efforts are supported by a Combined Intelligence Center, staffed by investigators and intelligence specialists, which coordinates interdiction activities and works to link each drug seizure to a drug smuggling organization.⁴

Interdiction Command and Control

During the past year, the Office of National Drug Control Policy (ONDCP) and key Federal interdiction agencies completed a review of the interdiction command and control system, including the centers and their responsibilities. Following the review, the Administration promulgated the National Interdiction Command and Control Plan. This plan, implemented in 1994, streamlines the command and control structure by eliminating one facility and consolidating its essential functions into other centers, eliminating the interdiction coordination functions of two other operational elements, and delineating clearly the operational and geographical responsibilities of each of the command and control centers. The plan also directs the use of a common communications and computer system to ensure that coordination and information sharing can be implemented effectively.

Effective tactical operations are based on timely and accurate intelligence. To ensure that the appropriate operational commanders receive timely and accurate intelligence, the drug intelligence community developed the Interdiction Intelligence Support Plan. This plan identifies the information needed by the operational commanders, including where and how the information will be obtained and how it will be disseminated. Similar to the National Interdiction Command and Control Plan, the Interdiction Intelligence Support Plan builds on efforts already proven to be effective and expands both the capabilities and organizational responsibilities of drug control agencies. The plan unites the intelligence and analysis abilities of all the drug control agencies to maximize the level of support.

Investigation of Drug Trafficking Organizations

Federal investigations in this country must focus on those organizations that account for the largest quantities of drugs, that traffic in the most dangerous drugs, and whose activities are accompanied by the most violence. Although efforts will vary from region to region, Federal investigative resources will focus primarily on one or more of the following categories of drug trafficking organizations:

- Domestic components of South American criminal organizations;
- Mexican drug trafficking organizations (both their domestic components and transborder segments);
- Major national gangs (e.g., outlaw motorcycle gangs, Los Angeles-based Crips and Bloods, Jamaican drug trafficking organizations, or other significant emerging gangs whose principal criminal activities are drug trafficking and related violence);
- Asian criminal organizations involved in drug trafficking (e.g., Chinese and Vietnamese street gangs and similar emerging criminal groups);
- West African, particularly Nigerian, drug trafficking organizations;
- La Cosa Nostra and related organizations (e.g., Sicilian Mafia, La Camorra, 'Ndrangheta and Sacred Crown); and
- Other major criminal organizations that are well organized, multijurisdictional in operational scope, and of national significance and influence.

Federal law enforcement agencies can fortify the National antidrug effort by strengthening their commitments and working with State and local counterparts in a coordinated and cooperative manner. Emphasis must be placed on enforcement efforts directed against those local or regional trafficking groups that use violence. For this

reason, the Federal Government—and in particular the U.S. Attorneys and Federal law enforcement agencies—must be attentive to local needs in attacking significant gang activity and gang-related violence, including the implementation and use of the Criminal Street Gang and Youth Violence provisions of the Crime Control Act and other initiatives. Furthermore, by working together, all levels of law enforcement can make maximum use of Federal investigative tools such as court-authorized electronic surveillance, analysis of compulsory financial reporting, investigative grand juries, and Federal evidentiary rules and criminal statutes (e.g., conspiracy, the Continuing Criminal Enterprise and Racketeer Influenced and Corrupt Organization laws, firearms, money laundering, and tax statutes).

Investigation of Money Laundering and Financial Institutions

Significant and sustained progress in attacking drug trafficking will not occur unless the United States continues to take strong steps to prevent, detect, and enforce the laws against money laundering. Money laundering involves disguising the funds derived from narcotics sales and other crimes so they can be used without detection of the illegal activity that produced them.⁵ The laundering of drug-generated money is sophisticated and highly compartmentalized. Traffickers now hire professional money launderers to manage one of the two riskiest parts of their operations—money laundering (the other area is the transport of narcotics). These money launderers are generally businessmen, bankers, and other financial specialists who can guarantee delivery of the illicit funds in some form—goods, investments, or deposits on accounts—at the lowest cost to the trafficker.

Money laundering operations in the United States include a number of techniques at the initial stage. Besides structuring deposits to financial institutions to avoid triggering currency reporting

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obligations, which occurs throughout the country, money launderers ship large amounts of unsigned U.S. Postal Money Orders overseas through express mail companies. Illegal proceeds in bulk currency form also are reportedly shipped out of the country in cargo containers. Still more sophisticated methods include the use of front companies and remittance corporations, which use wire transfers and corresponding accounts to send narcotics proceeds out of the United States.

The enormous size and complexity of the U.S. financial system complicate the prevention and detection of money laundering. The more than 25,000 depository institutions in the United States range from major financial institutions with hundreds of branches to single-branch thrifts, bringing the total number of offices to more than

The enormous size and complexity of the U.S. financial system complicate the prevention and detection of money laundering.

100,000. In addition to the depository institutions, hundreds of thousands of nonbank financial institutions now are engaged in a variety of financial services ranging from check cashing to money transmittals. Utilization of money transmittal services to move illicit funds and the number of institutions providing this type of service

have increased steadily in recent years. The relative success of U.S. law enforcement and bank regulators in clamping down on narcotics-related money laundering at financial institutions has not only forced money laundering to move to less regulated areas (e.g., nonbank financial institutions) but also appears to have caused traffickers to diminish, or at least to compartmentalize, their involvement in the money laundering business.

In the near term, attention will be focused on initiating a comprehensive national financial investigative effort that effectively consolidates U.S. financial drug evidence and intelligence collection. Increased efforts will be made to identify, trace, and freeze drug trafficker assets. Critical to this effort is identifying and targeting the financial associates and drug distribution cells of the major organizations for arrest and prosecution.

Federal law enforcement agencies will continue to conduct undercover money laundering operations

under closely monitored and circumscribed conditions, simultaneously employing an array of other investigative techniques in order to identify the personnel, sites, methods, and assets of the target group as efficiently as possible. These undercover investigations will continue to rely on the expertise and assistance of other Federal agencies, as well as State, local, and foreign law enforcement authorities.

Furthermore, the Treasury Department will continue to invigorate its partnership with financial institutions and other elements of the private sector—the first line of defense in the battle against money laundering—by streamlining and retooling existing anti-money laundering regulations. The goal is to weed out unduly burdensome requirements that have little or no utility for law enforcement, to enlist the involvement of financial institutions in more effective measures to detect potential launderers, and to stress those procedures that will provide law enforcement access to essential customer and account information. Important components of this strategy include enhanced suspicious transaction reporting and “know your customer” procedures.

In the short term, a strong investigative and analytical capability will be developed and maintained to overtake and surpass the technological advances that are being made by drug trafficking hierarchies and their organizations. To capitalize fully on the Nation’s own technological advances, emphasis will be placed on collecting, analyzing, and disseminating sensitive financial and related operational intelligence so that law enforcement can react fully and rapidly. Efforts will be made to identify new and emerging money laundering techniques developed by the major drug trafficking organizations to avoid or circumvent financial investigative efforts and undercover operations. Additionally, the interagency (Federal, State, and local), interdisciplinary (law enforcement, banking, and other regulatory entities) approach will be expanded domestically to meet the national goals of identifying, disrupting, seizing, and forfeiting illicit drug proceeds.

Finally, U.S. antinarcotics-related money laundering initiatives will be linked to similar initiatives worldwide. Multinational cooperation in intelligence gathering, information exchange, and

enforcement operations is the best way to attack the nerve centers of the money laundering organizations, often located in source countries. Through the use of the Treasury Department's Financial Crimes Enforcement Network (FinCEN) and the Department of Justice's Multi-Agency Financial Investigative Center (MAFIC), the resources of several Federal agencies are coordinated and directed toward battling the worldwide money laundering operations of major drug trafficking organizations. The investigative leads of the participating agencies, coupled with the worldwide intelligence gathering capabilities of all U.S. entities, will facilitate the identification of traffickers and their financial advisors for prosecution and the seizing and forfeiting of their ill-gotten assets. Furthermore, the United States will continue to explore diplomatic opportunities to promote greater cooperation with other nations in anti-money laundering efforts, and the United States will continue to encourage other nations to bolster their money laundering regulatory and enforcement operations.

Collection and Dissemination of Drug Law Enforcement Intelligence and Information Sharing

Drug traffickers commonly operate across jurisdictional borders and are capable of rapid and significant changes in methods used to produce, transport, and distribute large amounts of drugs and to launder their illegal profits. For law enforcement agencies to effectively and efficiently carry out the mission of disrupting these criminal activities, they must have the capabilities to collect, index, verify, and analyze intelligence information. Law enforcement officials must be able to evaluate the extent of drug trafficking activities within and immediately surrounding their jurisdictions, to identify the hierarchy and methods of operation of a drug trafficking organization, and to assess its potential vulnerabilities.

The need for Federal, State, and local law enforcement to share pertinent intelligence information is clear. Unfortunately, this sharing of information has been somewhat limited. In response to this situation, the Administration has taken steps to significantly improve information sharing among Federal law enforcement agencies. With

the creation of the Office of Investigative Agency Policies (OIAP), DOJ has made significant strides in facilitating the sharing, and often the integrating, of important investigative information among its principal law enforcement agencies. Other developments, such as the establishment of the National Drug Intelligence Center (NDIC), have provided significant increases in the levels of sophisticated technical and analytic support available to develop a comprehensive understanding of major drug trafficking organizations. The technical and analytic capabilities of the multiagency El Paso Intelligence Center (EPIC) also have been significantly upgraded, enhancing its ability to serve as the principal tactical analysis and support center.⁶

During the past several years, significant improvements have occurred in the Nation's capability to direct national security intelligence resources toward counternarcotics activities. These resources primarily impact the Nation's foreign antidrug and interdiction efforts; however, these resources have provided valuable insight into the activities

of major drug trafficking organizations, which allows domestic law enforcement agencies to more effectively address those activities conducted in the United States. During the past year, the foreign and defense intelligence communities have reviewed their information collection and analysis programs. That review has helped them refocus their efforts on collecting foreign intelligence information consistent with the Nation's international and domestic law enforcement efforts.

Information sharing among the Federal agencies and their State and local counterparts also has been improving. State and local agencies continue to be significant consumers of information from EPIC and the Treasury Department's FinCEN. Joint law enforcement intelligence elements—such as the Joint Drug Intelligence Groups (JDIGs), the Unified Intelligence Divisions, and the state-led Post Seizure Analysis units established along the Southwest Border—have united law enforcement investigators and analysts to

During the past several years, significant improvements have occurred in the Nation's capability to direct national security intelligence resources toward counternarcotics activities.

share information and to combine their knowledge on a regional basis. Coordination mechanisms, such as Operation North Star and Operation Alliance, also have enhanced efforts to share information across geographical and organizational boundaries.

The Administration will continue to develop measures that expand on these efforts. Particular emphasis will be placed on sharing information electronically to improve both the scope and speed of information sharing.

The activities of State, county, and local law enforcement agencies remain a critical element of the Nation's antidrug efforts.

There already are several prototype or developmental efforts under way. For example, the Southwest Border Governor's Coalition between the four States along the Southwest Border is developing an integrated computer and communication system that will enable

member agencies in all four States to share investigative information and criminal intelligence electronically.

The law enforcement community must continue efforts to develop a fully integrated drug intelligence base; therefore, instead of merely reacting to drug activity, agencies will be in a position to more proactively identify the nature and scope of drug trafficking problems and to prioritize investigative targets based on analyses of all available data. To realize an effective drug intelligence base, efforts must be made to complete the following:

- Provide investigative agencies immediate access to a drug law enforcement pointer system to allow more effective coordination of individual agents' efforts;
- Set priorities for collecting and analyzing drug-related data to develop useful and predictive strategic organizational studies;
- Increase the level of coordination of drug intelligence initiatives among Federal, State, and local law enforcement agencies; and
- Increase the sharing of information technology among all law enforcement agencies.

State, County, and Local Law Enforcement Efforts

The activities of State, county, and local law enforcement agencies remain a critical element of the Nation's antidrug efforts. Uniformed patrol officers make drug arrests on community streets and interdict shipments of drugs hidden in trucks and automobiles on the highways. Many local police departments have investigative units that devote resources exclusively to the investigation of narcotics offenses. Through community policing programs, law enforcement officials and members of the community work together to deter illicit drug trafficking and related crime, prevent drug use, and create more vibrant, citizen-involved, and thriving neighborhoods. State, county, and local police officers and investigators work together—often with Federal law enforcement agents—as part of multijurisdictional task force operations to investigate, arrest, and prosecute violent drug traffickers and to dismantle drug trafficking and money laundering organizations.

Community Policing

However diligent their efforts, police alone, using only traditional policing techniques, will be unable to eliminate drug trafficking and related crime from the Nation's communities. The Administration recognizes the critical need for an almost symbiotic relationship between the efforts of law enforcement and the activities of drug treatment providers, other government agencies, prevention specialists, teachers, religious groups, and the business community to deter criminal activity and revitalize the Nation's communities. Community policing offers the collaboration that is needed between police and the community to identify and solve community problems. Because it combines the efforts of law enforcement and other organizations and individuals, community policing is a critical part of this Nation's antidrug effort.

Community policing is not simply a local law enforcement program; it is an operational philosophy for neighborhood problemsolving in which police officers interact with all residents of a specific neighborhood or patrol area on an ongoing

basis and in such a manner as to establish and maintain open communication and create a trusting relationship. Communication and trust are important elements of this initiative because they provide the foundation for an ongoing community partnership that works proactively and reactively to address serious crime, reduce fear, and improve the quality of life for all residents.

In the fight against drug trafficking and other crime, police can (1) encourage community members to share relevant information pertaining to criminal activity, (2) take part in educational and drug prevention programs in schools, (3) provide a variety of crisis intervention services, (4) provide in-depth information regarding drug-dealing activities to investigative components of their agencies, (5) act as a deterrent to open-air drug markets, and (6) identify and address developing drug use and drug trafficking-related problems.

The Crime Control Act will place 100,000 new police officers on the streets and work with citizens to prevent and solve crime. DOJ's Office of Community Oriented Policing Services (COPS) already has awarded 392 grants totaling \$200 million to counties, cities, and towns across the country to hire more than 2,700 officers. In addition, COPS has given approval to 631 large police jurisdictions (those serving populations of more than 50,000) to begin hiring and training more than 4,600 officers. COPS also has begun a hiring program for smaller jurisdictions (those serving populations of less than 50,000). Known as COPS FAST (Funding Accelerated for Smaller Towns), this program will place another 4,000 police officers on the streets.

Reducing Gun-Related Crime and Violence

Every night, in every major city, the sound of gunfire can be heard. Handgun crime is increasing throughout the country, especially in the inner-city areas, where youth homicide rates have skyrocketed. Drug trafficking organizations use guns to carry out the violence and intimidation that are integral parts of their day-to-day operations.

Citizens and police face a growing risk of injury or death inflicted by well-armed drug dealers. To

decrease gun violence, the numbers of guns on the streets must be decreased. It must become a major priority for police to confiscate guns from those who illegally carry them, particularly in jurisdictions facing high rates of gun-related violence and crime.

In 1991 the Kansas City, Missouri, Police Department, using funds secured from DOJ's Operation Weed and Seed, implemented a program to reduce gun-related crime. This initiative called for patrol officers to aggressively focus on seizing guns from those who carry them illegally. Proactive patrol procedures such as vehicle and subject stops were used in a specific target area to accomplish the department's goal. The initiative resulted in a significant increase in the number of guns seized as well as a related reduction in gun-related crime, including homicides and drive by shootings. The U.S. Attorney in Washington, D.C., recently announced that he intends to implement a similar program.

Community policing offers the collaboration that is needed between police and the community to identify and solve community problems.

The Administration intends to immediately implement an aggressive gun reduction program in several communities around the country. Police jurisdictions that criminal justice and other data show to be areas of significant gun-related criminal activity will be chosen for program implementation. DOJ, through the COPS office, will provide support and followup consultation so these communities can identify suitable strategies and implement programs modeled after the Kansas City Police Department Initiative.

Coordination of Federal, State, and Local Law Enforcement Efforts

Federal law enforcement agencies typically target the upper echelons of drug trafficking organizations. Local police forces traditionally deal with local drug organizations and drug retailers. Mid-range offenses and offenders often are overlooked, but collaboration between Federal, State, and local agencies can bridge this gap in drug law enforcement. A coordinated approach among Federal, State, and local entities can ensure that a

full range of experience and expertise is applied efficiently across all levels of the drug trafficking continuum.

The work of Federal law enforcement agencies in cooperative ventures allows Federal agencies to help local communities in need. Cooperative ventures also can provide on-the-job training and supplemental resources to assist local law enforcement agencies in investigating of complex cases. Federal agencies will continue to provide increased resources to State and local agencies to address drug trafficking and associated violence through programs such as the FBI's Safe Street Initiative,

DEA's Mobile Enforcement Teams (METs),⁷ and the Bureau of Alcohol, Tobacco, and Firearms' Violence Reduction Alliance and Armed Career Criminal programs.

The work of Federal law enforcement agencies in cooperative ventures allows Federal agencies to help local communities in need.

In addition, the Administration's National Anti-Violent

Crime Initiative, announced by the Attorney General on March 1, 1994, directs Federal law enforcement capabilities toward violent crime in the Nation's cities, suburbs, and rural areas. The initiative stresses the need for coordination and consultation between Federal, State, and local agencies without the creation of new task forces or other bureaucratic entities. Furthermore, this coordination and consultation are explicitly intended to complement, rather than supplant, efforts of State and local law enforcement. This initiative represents an effort to form Federal partnerships with State and local authorities in those areas where, consistent with existing obligations, Federal resources and authorities can help address crime problems endemic to their respective jurisdictions.

Striking the appropriate balance in allocating resources to that which is uniquely Federal and that which is of critical State and local concern is difficult and can be achieved most effectively through a regional or community-based evaluation and strategy development process. Regional planning efforts can be critical to long-term success because they improve communication and enhance cooperation among agencies at all levels.

Furthermore, they allow for more rapid and accurate problem identification and can facilitate the swift modification of operations to better address changing patterns of drug abuse and related criminal activity.

Many State jurisdictions participate in Criminal Justice Coordinating Councils in which State and local law enforcement, prosecutorial, treatment, and prevention officials meet on a regular basis to develop and ensure the implementation of jurisdiction-based strategies. One example of how the Federal Government has worked to improve the regional strategy development process is its establishment of Law Enforcement Coordinating Councils. These councils—chaired by the local U.S. Attorney and composed of Federal, State, and local law enforcement and prosecutorial officials—foster cooperation and communication between the various law enforcement entities operating in a particular area.

Multijurisdictional Task Forces

Federal, regional, or other multijurisdictional task forces play a significant role in reducing drug availability in communities and, therefore, are a critical element of the Nation's antidrug effort. Multijurisdictional task forces help bridge the gaps in enforcement between these enforcement areas that are uniquely Federal and those that are most successfully undertaken by State and local authorities. These programs combine the resources of Federal, State, and local law enforcement investigative and prosecutorial authorities to eliminate all levels of drug trafficking from the street corner retailer to the international wholesaler.

The law enforcement response to the task force concept has been so enthusiastic that some small and medium-sized police departments have eliminated their own specialized narcotics bureaus in favor of active participation in a county or regional task force operation. In some jurisdictions, particularly in rural areas of the country, multijurisdictional task forces are the only existing investigative entities capable of addressing the diverse and constantly changing challenges presented by drug traffickers and their related criminal activities.

Federal grant programs, such as the Edward Byrne Memorial State and Local Law Enforcement Assistance Program, provide seed money to start task force operations in many jurisdictions and funds to continue the operation of existing programs.⁸ The Crime Control Act authorized \$1 billion for 25 categories of law enforcement, including State and local drug task force efforts through the year 2000. This authorization recognizes the critical importance of enforcement programs such as the Byrne program in assisting State and local law enforcement agencies to battle the illicit drug trade.⁹

Other task force programs, such as the Organized Crime Drug Enforcement Task Forces and the task forces operating as part of the High Intensity Drug Trafficking Area (HIDTA) programs, bring together as partners Federal, State, and local law enforcement officials and prosecutorial officers for a common purpose and cause them to work in a common direction toward the same goals. These joint efforts utilize the full range of Federal investigative and prosecutive tools, as well as associated seizure and forfeiture laws; facilitate cooperation among all levels of government; and provide a means of combining skills and resources to achieve the greatest effect against drug offenders.

As important as this collaboration is, recent years have clearly brought an expansion in the number of multijurisdictional task forces operating in the United States. Due to this proliferation, Federal, State, county, and regional task forces have concurrently operated in the same geographical areas. This occasionally has led to duplication of effort, a lack of intelligence sharing, and competition between agencies for the seizure of drugs and the assets of drug law violators.

Task forces require clear mission statements and must be carefully structured and coordinated to prevent duplication and overlap with other law enforcement efforts. It is critical for Federal, State, and local authorities to consolidate and more closely and coordinate task force collaboration to reduce unnecessary duplication of efforts and to enable greater impact with existing resources. The Federal Government will take steps to eliminate duplication among task forces at

all governmental levels by conducting an interagency review of Federal task forces that will determine ways to enhance collaboration and interoperability with State and local partners.

Advanced Officer Training

Advanced or continuing specialized officer training can play a key role in making Federal, State, and local drug enforcement operations more cost-effective. Furthermore, drug law enforcement personnel with advanced linguistic capabilities are vital to Federal, State, and local law enforcement efforts that target the increasing number of foreign nationals who speak their native languages.

Many State and local agencies expend considerable resources on basic and advanced investigative training for narcotics officers. This training includes programs sponsored by States or such special interest groups as law enforcement officer associations. Furthermore, many State, county, and local law enforcement agencies take part in Treasury and Justice Department programs, which offer specialized training programs for State, county, and local law enforcement personnel. These programs are designed to meet training needs not generally available to State and local agencies and to enhance networking throughout the law enforcement community.¹⁰

The law enforcement response to the task force concept has been so enthusiastic that some small and medium-sized police departments have eliminated their own specialized narcotics detective bureaus in favor of active participation in a county or regional task force operation.

High Intensity Drug Trafficking Areas

Since 1990, seven regions have been designated as critical drug trafficking areas—or High Intensity Drug Trafficking Areas (HIDTA).¹¹ As such, these regions receive additional coordinated Federal assistance. The HIDTA program encourages the forming of Federal, State, and local partnerships within the designated areas and translates goals of the *National Drug Control Strategy* into regional solutions. At its current level of development, the HIDTA program supports joint¹² efforts

featuring interdiction, investigation, prosecution, treatment, and prevention initiatives.

To tailor its combined efforts to these unique regional requirements, each HIDTA has its own Executive Committee and a regional strategy, one that prioritizes the collaborative efforts of its member entities, including several colocated task forces and an intelligence sharing center.

The HDTAs of large metropolitan areas are focused on dismantling the most significant drug trafficking and drug money laundering organizations operating at the National, regional, and local levels. HDTAs in the Southwest Border and Puerto Rico/U.S. Virgin Islands concentrate on interdiction systems, which include interdiction operations, intelligence, investigations, and prosecution.

At its current level of development, the HIDTA program supports joint efforts featuring interdiction, investigation, prosecution, treatment, and prevention initiatives.

In February 1994, ONDCP launched the new concept of a “distribution” HIDTA in response to the conclusion drawn by many law enforcement executives that their efforts, taken in isolation from

other activities, may produce immediate, but often temporary, reductions in drug trafficking. Many believe that the knowledge base of other disciplines must be used to attack the drug problem if lasting results are to be achieved. The Washington, D.C./Baltimore, Maryland, HIDTA—coming online now—will address both the drug distribution networks and their chronic, hardcore clientele simultaneously. The regional intelligence and information center in this “distribution” HIDTA also will include the electronic networking of major treatment providers, regional drug courts, and criminal justice components.

The Washington, D.C./Baltimore, Maryland HIDTA treatment initiatives will be monitored in order to establish a central repository of treatment data. This data will be electronically accessible by the criminal justice system and will be accessed in accordance with clients’ rights to confidentiality. Two “gateway” HDTAs—Miami and Puerto Rico/U.S. Virgin Islands—also are implementing

treatment, prevention, and related data systems on a limited basis.

Executive Committees in the seven HDTAs will continue to receive priority Federal support. Each HIDTA Executive Committee will do the following:

- Upgrade its organizational threat estimate of its regional strategy;
- Improve the regional intelligence center to ensure the provision of actionable and predictive intelligence to the joint task forces;
- Develop requirements and prioritize military support requests for joint task forces and the intelligence center within each HIDTA; and
- Designate its own chairperson and select a program manager who will be directly responsible to the committee.

The National HIDTA Committee,¹³ a body that makes program recommendations to the Director of ONDCP, will shift its major evaluation criterion from the achievement level of individual initiatives to the overall impact of the collaborative efforts of each HIDTA on drug trafficking.

12-MONTH ACTION PLAN FOR REDUCING CRIME, VIOLENCE, AND DRUG AVAILABILITY

The 12-month Action Plan for Reducing Crime, Violence, and Drug Availability consists of three targets: (1) develop a domestic law enforcement plan, (2) expand efforts to address money laundering, and (3) expand border control efforts.

Target No. 1: Develop Domestic Law Enforcement Plan

Steps:

- ONDCP will coordinate and oversee the development of a Domestic Drug Law Enforcement Plan in collaboration with Federal, State,

county, and local law enforcement agencies. The plan will build on existing efforts and address the full range of domestic drug law enforcement issues and problems. Specific issue areas will include the following:

- Review the current structure of multijurisdictional task forces throughout the Nation to increase efficiency and eliminate duplication of effort;
- Articulate the role of Federal drug law enforcement in local community policing efforts;
- Identify steps to enhance coordination of regional law enforcement, treatment, and prevention resources;
- Develop a comprehensive initiative to decrease the cultivation and use of marijuana; and
- Assess the intelligence, technology, and advanced officer training needs of State and local enforcement.

Completion Date: May 1995

Target No. 2: Expand Efforts To Address Money Laundering

Steps:

- ONDCP will coordinate and oversee development of a money laundering Action Plan. This plan will be developed through the collaboration between the Treasury and Justice Departments. Development of this plan will be coordinated with other appropriate Federal, State, and local government agencies, as well as private organizations, such as banks and other financial institutions.
- This Action Plan will provide a framework for coordinating domestic drug law enforcement, regulatory, and private industry efforts to accomplish the following:

- Arrest and prosecute those who launder the ill-gotten proceeds of drug trafficking;
- Reduce the amount of drug-related proceeds laundered domestically; and
- Increase the amount of drug-related proceeds interdicted prior to their leaving the United States.
- Coordinated law enforcement efforts and private industry initiatives will aim to reduce overall drug-related proceeds laundered in the United States by creating regulatory, enforcement, and industry barriers to this activity. In addition, Federal, State, and local law enforcement agencies will refocus their efforts to dismantle money laundering components of drug trafficking organizations by arresting and prosecuting those who are involved in money laundering and to identify and interdict a larger percentage of drug-related proceeds.

The 12-month Action Plan for Reducing Crime, Violence, and Drug Availability consists of three targets: (1) develop a domestic law enforcement plan, (2) expand efforts to address money laundering, and (3) expand border control efforts.

- This Action Plan will include performance measures for anti-money laundering efforts.

Completion Date: June 1995

Target No. 3: Expand Border Control Efforts

Steps:

- ONDCP will coordinate and oversee a review of current drug enforcement efforts at the Southwest Border and determine the steps law enforcement should take to effect a measurable reduction in the amount of illegal drugs smuggled across the border and a measurable reduction in incidence of border violence.
- The U.S. Customs Service will maintain the reduction of drug smuggling across the South-

west Border as a top priority. The U.S. Customs Service will devote increased resources to seizing illegal drugs, arresting drug smugglers, reducing acts of border violence, and installing and testing cargo inspection technology at appropriate locations. Through proactive and reactive narcotics investigations, the U.S. Customs Service will launch a reinvigorated effort to fully identify and dismantle the organizations involved in these struggling ventures.

Completion Date: August 1995

ENDNOTES

- ¹ Within DOJ, considerable efforts have been made to increase the efficiency of law enforcement operations and to eliminate duplication of effort by its criminal investigative components. DOJ has established OIAP and named the Director of the FBI to the directorship of OIAP. One of his initial tasks was to review and make recommendations about drug intelligence coordination and sharing within DOJ, among the FBI, DEA, INS, and U.S. Marshals Service. As part of this initial effort, the OIAP also worked to further define the roles of the National Drug Intelligence Center (NDIC) so that it can coordinate and provide strategic organizational drug intelligence and EPIC so that it is best able to provide tactical drug intelligence.

This commitment to maximizing availability and use of law enforcement intelligence information extends beyond DOJ. Thus, for example, the Director of OIAP has begun discussions with the Under Secretary of the Treasury for Enforcement, who has established a Treasury Law Enforcement Council as an internal coordinating mechanism for Treasury law enforcement policy and operations, to establish a similar mechanism for coordinating the efforts of law enforcement agencies of the two departments. Moreover, Federal law enforcement entities are enhancing links with their State and local counterparts through regional intelligence centers such as the JDIGs and facilities operating under the auspices of the several HIDTAs; affiliations with multi-State Regional Intelligence Sharing Systems; and involvement of State and local authorities in NDIC strategic studies.

- ² The role of emerging technologies in developing ways to attack drug trafficking organizations cannot be overstated. These technologies include mobile x-ray inspection systems for use at airports, seaports, and land border ports of entry for the inspection of bulk cargo and baggage; truck x-ray systems for x-raying of tractor-trailers crossing a land border; and the fiberscope, which provides a nondestructive

visual inspection system for detecting hidden contraband in inaccessible areas behind and beneath door panels, container walls, boat decks, and fuel storage areas conducive to contraband concealment. The need for enhanced technology is particularly acute due to the limited resources available to Federal, State, and local law enforcement. Law enforcement must now do more with less, both at the investigative and prosecutive levels. At the same time, as criminals are becoming more sophisticated and better financed, law enforcement is losing ground. In the areas of funds tracing, court-authorized electronic surveillance, and narcotics detection, advanced technology can help law enforcement address these problems.

- ³ As stated in *A Guide to Equitable Sharing of Federally Forfeited Property for State and Local Law Enforcement Agencies* (March 1994), the current policy of DOJ is that up to 15 percent (or 25 percent in forfeiture cases, which represent more than 25 percent of a State or local agency's annual budget) may be transferred to governmental departments or agencies to support drug abuse treatment, drug and crime prevention and education, housing and job skill programs, or other community-based programs.
- ⁴ The Valley Project is operated by the California Regional Border Alliance Group, which consists of the following agencies:
 - The U.S. Attorney's Office for the Southern District of California, which is responsible for strategies guidance and prosecutorial support.
 - The U.S. Border Patrol and the Imperial County Sheriff's Office, which are responsible for tactical control of the operation.
 - The DEA and San Diego/Imperial County Regional Narcotics Intelligence Network, which are the lead agencies for intelligence gathering.
 - The California National Guard and DOD Joint Task Force Six (JTF6), which provide infrared scopes and sensors and conduct border flights as required.
 - The INS and U.S. Customs Service, which provide surveillance and inspection control of the ports of entry. INS and U.S. Customs inspectors interdict and seize narcotics at the U.S. Calexico and Andrade ports. Customs Special Agents conduct followup criminal investigations of ports of entry drug smuggling violations.
 - The California Highway Patrol, which provides enhanced patrol response to the area.
 - The FBI, San Diego County Sheriff's Department, Bureau of Land Management, California Bureau of Narcotics Enforcement, Imperial County District

Attorney's Office, Arizona Alliance Planning Committee, and the Naval Criminal Investigative Service, which provide support to the overall operation.

- 5 Estimates of the amount of proceeds generated by the illegal drug industry in the United States vary considerably. A study done for ONDCP estimated that Americans spend almost \$50 billion per year on illegal drugs.
- 6 A National Drug Pointer Index system, being developed by DEA, will allow Federal, State, and local law enforcement agencies to determine if participating agencies have drug-related information relevant to a particular investigation. With the large number of agencies currently enforcing State and Federal narcotics laws, it is vital to operational efficiency and personnel safety that such a system be established.
- 7 DEA's MET Initiative (announced in November 1994) is designed to help State and local police departments combat violent crime and drug trafficking in their communities. Ten to 12 regional METs will be strategically based in as many DEA divisions around the country as possible. At the request of any police chief, sheriff, or district attorney, a MET team will target violent traffickers threatening the requesting community at whatever level. The MET will remain in place and collect intelligence and cultivate investigations and arrests until DEA determines that the objectives of the development have been met.
- 8 The Byrne program is intended to assist State and local governments in enforcing State and local drug laws and improve the functioning of the criminal justice system, with emphasis on violent crime and serious offenders. The funds are distributed to the States by a formula consisting of a \$500,000 base plus share of the balance determined by population. Each State is required to develop a statewide drug control and violent crime strategy as part of its application for formula grants. Strategies are developed in consultation with State and local criminal justice officials and are coordinated with the treatment and prevention block grant programs (a portion of the funding is provided directly to cities). In FY 1993 (latest data) 35 percent of the funding was utilized for multijurisdictional task forces, 16 percent was utilized for corrections and treatment, 11 percent was used for improved information and technology, 7 percent was used for demand reduction/crime prevention, 6 percent was used for administration, and 5 percent was used for adjudication. The remaining 20 percent of funds was distributed among the other purpose areas designated by the Byrne grant program.
- 9 This is important because reductions in available funding for State and local law enforcement could have a detrimental effect on partnerships that have been and are being forged among Federal, State, and local governments.
- 10 Advanced training also can lead to enhanced cooperation between law enforcement entities, which in itself can multiply manpower and save money. Advanced officer training promotes Federal, State, and local cooperation because law enforcement officers who possess a high level of training are better able to collaborate in their efforts to fight drug trafficking, and advanced officer training programs allow individual officers from different agencies to meet and develop personal relationships, which in turn fosters professional collaboration.
- 11 Pursuant to the Anti-Drug Abuse Act of 1988, the designated HIDTAs are Houston, Los Angeles, Miami, New York, Puerto Rico/U.S. Virgin Islands, the Southwest Border, and Washington, D.C./Baltimore, Maryland. Each HIDTA has an Executive Committee, made up of Federal, State, and local officials. These Executive Committees develop and update the policies and objectives for that HIDTA region.
- 12 The term "joint" includes, at a minimum, the Departments of Justice and Treasury, as well as State and local law enforcement agencies.
- 13 The National HIDTA Committee is composed of representatives from ONDCP and the Departments of Justice, Treasury, and Health and Human Services.

VII. Action Plan for Enhancing Domestic Drug Program Flexibility and Efficiency at the Community Level

Drug dealers are flexible. However insidious their business, they market their wares with ingenuity and tenacity. Drug users are efficient, saving tiny bits of their powders and scraping crack-cocaine and opiate resins from the inside of homemade pipes. Addicts adapt. When one crack house closes, they move to another.

Antidrug efforts must be more flexible, more efficient, and more tenacious than drug dealers, users, and addicts. It is critical that the criminal justice system communicate with treatment professionals, that neighborhood residents coordinate with local police, and that parents know how to access the right prevention programs to keep their children from ever trying drugs in the first place.

Communities need to work together. This means fighting against burdensome regulations and other restrictions that hamper timely and effective service delivery. A range of initiatives is presented to enhance the smooth operation of antidrug programs and organizations in every community, including the streamlining of Federal grant applications and a “Cut the Red Tape” Deregulation Campaign.

Developing solutions to America's drug problem requires cooperation and coordination across a wide range of professions, agencies, and public- and private-sector organizations. Treatment providers must work with criminal justice personnel to properly monitor the progress of clients they both serve. Prevention professionals in school-based and community-based programs must communicate with law enforcement officials to coordinate activities and leverage resources. Local antidrug partnerships must unite every sector of their communities, including schools, police, civic organizations, local government offices, youth groups, health care services, economic developers, faith organizations, and business groups to fight against drug abuse.

Antidrug organizations and systems in every community must not only be properly linked, they also must be allowed flexibility to respond to changes in the local drug situation as well as to fluctuations in available resources. It is imperative to identify Federal, State, and local obstacles to antidrug progress and remove regulations that hamper service delivery.

PROGRESS MADE TOWARD ENHANCING DOMESTIC DRUG PROGRAM FLEXIBILITY AND EFFICIENCY

The Administration intends to continue addressing the following goals related to community programs set forth in the *1994 National Drug Control Strategy*:

- Assist local communities in developing effective prevention programs (Goal 4).
- Create safe and healthy environments in which children and adolescents can live, grow, and develop (Goal 5).

The passage of the [Crime Control Act] will provide support for drug courts and highlight the effective linkage of treatment programs and the criminal justice system.

- Increase workplace safety and productivity by reducing drug use in the workplace (Goal 7).
- Strengthen linkages among the prevention, treatment, and criminal justice communities and other supportive social services, such as employment and training services (Goal 8).

During the past year, progress toward these goals was mixed. There has been significant progress in establishing better program linkages. In December 1994 the President designated nine Empowerment Zones, each featuring a multifaceted and interconnected plan for addressing drug use and trafficking in the communities within the zones. The Department of Housing and Urban Development will monitor and report on the progress made in the Empowerment Zones during the coming year.

In 1994 the Department of Health and Human Services (HHS) continued its major linkage effort, first launched by the Center for Substance Abuse Treatment in 1993. The program links community-based primary care, substance abuse, HIV (Human Immunodeficiency Virus)/AIDS (Acquired Immune Deficiency Syndrome), and mental health services. So far projects have been

funded in 10 States and the District of Columbia, with most of the programs targeting substance-abusing and homeless women as a key population.

Operation Weed and Seed has played and will continue to play an important role in linking law enforcement and drug prevention activities across the country. A basic tenet of the Weed and Seed approach is that communities can best identify the problems they face and develop solutions that will be most effective. The goal is therefore to deliver adequate resources to those best equipped to address the drug problem in their communities. Built into the very fabric of the Weed and Seed approach is a firm reliance on linkages between the criminal justice system and drug treatment and prevention programs; among Federal, State, and local leaders; and between the public and private sectors.

The passage of the Violent Crime Control and Law Enforcement Act in 1994 (Public Law 103-322, hereafter referred to as the Crime Control Act) will provide support for drug courts and highlight the effective linkage of treatment programs and the criminal justice system. Furthermore, this linkage will ensure that the offender management structure is properly developed and maintained in an increasing number of communities across the Nation.

Progress has been made in drug-free workplace programs. In the past year the Administration conducted various activities to reduce workplace substance abuse in the Federal Government, including developing new rules to combat alcohol misuse. The Administration required alcohol and drug testing for safety-sensitive employees in the aviation, motor carrier, railroad, pipeline, maritime, and mass transit industries. In addition, the Department of Labor provided a grant to the George Meany Center for Labor Studies to establish a Substance Abuse Institute. Also in 1994 a Federal Departmental and Agency Drug Free Workplace Working Group was established and tasked with actions to encourage the expansion of private-sector workplace programs, including transmission of drug-free workplace concepts and behavior to communities, families, and individu-

als. The activities of this working group are discussed in more detail in Chapter V.

NATIONAL AND REGIONAL CONSULTATION

In a 1994 series of conferences held around the Nation, the Office of National Drug Control Policy (ONDCP) met with more than 1,400 individuals involved in all aspects of drug control to discuss their perspectives concerning drug control efforts at the State and local level. Appendix C discusses this consultation in more detail, but the theme was resoundingly clear: Stay the Course—the *National Drug Control Strategy* is correctly focused; however, the Federal Government must take steps to streamline the flow of funds from the Federal Government to State and local recipients in order to give local communities the needed flexibility to respond to the drug problems in their neighborhoods. The following sections of this Strategy discuss an aggressive response to this consultation process.

STREAMLINING FEDERAL DRUG CONTROL GRANTS

Federal grants are intended to provide funds to States and localities for a variety of purposes. Most are intended to allow State and local governments to properly address problems that they otherwise would be forced to give a lower priority or perhaps not address at all. Federal grants also are provided to guarantee a minimum standard of living by providing direct Federal transfers to individuals. Furthermore, they provide a more equitable distribution of revenues among the States for national program priorities.

The Crime Control Act provides additional funding to help States and localities meet the challenges of reducing illicit drug use and its consequences. Funds totaling more than \$30.2 billion over a 6-year period are authorized for programs such as the Edward Byrne Memorial State and Local Law Enforcement Assistance Program, the Drug Courts Program, Residential Substance

Abuse Treatment for State Prisoner Grants, Public Safety and Community Policing Grants, and so forth.¹ Therefore, it is clear that Federal grants-in-aid for drug control purposes will become increasingly important to the delivery of services for community-based drug control programs. It is important that these grants be provided to recipients with Federal guidance and a minimum of regulation that promote the direct use of these funds to reduce illicit drug use.

The Administration is committed to increasing the level of cooperation between individuals and organizations as they seek to address the problems of drug use, distribution, and related violence. For that reason, this *Strategy* includes a series of aggressive steps to enhance drug program flexibility and efficiency at the community level. To empower State and local governments to provide more effective services at the community level, as well as to reduce administrative burden, the Administration is proposing a consolidation and restructuring of public health programs. This proposal includes streamlining prevention and treatment funding provided through HHS' Substance Abuse and Mental Health Services Administration. Consolidation and restructuring will give States and localities more flexibility in addressing local problems while maintaining the needed focus on nationwide priorities.

This proposal to streamline treatment and prevention funding would eliminate many Federal mandates and restrictions, giving States the needed flexibility to target funding to high-priority communities (those most in need of drug control programs) and to programs of proven effectiveness. This proposal also would shift the focus from regulatory compliance to outcome and performance measures. The Administration recognizes that the States need flexibility to allocate funding to the most successful programs, which enhance community-based treatment and prevention services and reduce the violence that prevails in the Nation's

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communities. More information about the Administration's proposed consolidation of HHS' drug control resources may be found in Chapter IX.

ONDCP-REQUESTED AUDITS OF FEDERAL DRUG CONTROL PROGRAMS

The Federal drug control program for Fiscal Year (FY) 1995 allocates more than \$13 billion to support the efforts of more than 50 agencies, bureaus, and departments that conduct programs directed at both demand reduction and supply reduction. The funding supports many diverse drug control programs, ranging from grants to communities for

The funding supports many diverse drug control programs, ranging from grants to communities for demand reduction programs to programs in source countries that reduce the production of illicit drugs.

demand reduction programs to programs in source countries that reduce the production of illicit drugs. With drug use among adolescents again on the rise, it is now more critical than ever to have reasonable and supportable evaluations of drug control programs so that the Nation may identify ways to improve and enhance program performance and efficiency.

Therefore, ONDCP, in consultation with the Federal drug control departments and agencies and through the President's Council on Integrity and Efficiency, will recruit agency Inspectors General to conduct program performance evaluations during FY 1995.

12-MONTH ACTION PLAN FOR ENHANCING DOMESTIC DRUG PROGRAM FLEXIBILITY AND EFFICIENCY AT THE COMMUNITY LEVEL

The 12-month Action Plan for Enhancing Drug Program Flexibility and Efficiency at the Community Level consists of five targets: (1) expand and improve data collection and distribution efforts at the local level, (2) simplify Federal drug grant applications, (3) fund a pilot program to develop comprehensive community-based approaches in select communities, and (4) facilitate delivery and linkage of community-based services.

Target No. 1: Expand and Improve Data Collection and Distribution Efforts at the Local Level

Steps:

- ONDCP's Data and Evaluation Subcommittee of the Research, Data, and Evaluation Committee will conduct inventory, evaluate, and make recommendations on improving Federal drug-related data systems for drug policy purposes. This effort will include convening a national Drug Prevalence Estimation Conference to identify public concerns and recommendations on needed improvements to Federal drug-related data systems for local policy and analysis purposes.
- The Data and Evaluation Subcommittee will strive to provide the widest possible distribution of drug-related data to the community level. Central to this effort is identifying the titles of upcoming Federal reports that will benefit the data collection and analysis efforts of local communities. A Federal Directory will be produced that lists titles and descriptions of Federal drug-related data systems.
- ONDCP will promote *Pulse Check* as a policy and planning tool and suggest that local communities use a similar approach. This effort will culminate in a manual titled *How To Do A Pulse Check* to help communities assess their local drug situations.

Completion Date: September 1995

Target No. 2: Simplify Federal Drug Grant Applications

There are numerous sources of Federal grants-in-aid to support drug control efforts. To access these, States must submit plans to HHS, the Department of Education, or the Department of Justice (DOJ), depending on the drug grants for which the State is applying. Each application contains common reporting requirements. During consultation that ONDCP held with State and local antidrug professionals and public interest

groups to develop the *National Drug Control Strategy*, it became clear that there was considerable interest in simplifying Federal drug grant applications. ONDCP will work with HHS, the Department of Education, and DOJ to identify options to simplify applications.

Step:

- ONDCP will convene a Common Grant Application (CGA) Working Group to examine the advantages of a universal grant application for community-based organizations. The objective of this working group will be to formulate a universal grant application. One example of the advantage of a universal grant application is that one-stop grant shopping may increase access to resources and reduce administrative costs through universal forms, measures, and reporting procedures. Recommendations from the CGA Working Group will be provided to the Director of ONDCP for action.

Completion Date: September 1995

Target No. 3: Fund a Pilot Program To Develop Comprehensive Community-Based Approaches in Select Communities

Step:

- ONDCP will implement a Break the Cycle of Drug Abuse pilot program to enable select communities to develop comprehensive community-based approaches to confronting the problem of drug abuse. This pilot effort will encourage a systematic response to the problems of chronic, hardcore drug use by integrating local health, education, housing, labor, and justice systems. Funds to establish local infrastructure and coordinate the program will be obtained from the widest possible range of sources, including forfeiture and gift authorities.

This pilot effort will be national demonstration of a systems approach to managing the drug problem at the local level. ONDCP will produce a manual titled *How To Break the Cycle of Drug Abuse* to assist community-based organizations in their efforts against drug abuse and

crime. Key elements of the pilot effort include the following:

- Target City sites will use forfeiture laws to reclaim neighborhoods taken over by drug traffickers;
 - Law enforcement officials and local health officials, especially those in the treatment community, will work together to manage nonviolent drug users inside and outside the criminal justice system;
 - Every arrestee entering the criminal justice system will be tested for drug use. Tests will be presented to the court, which will determine whether treatment is warranted. Treatment will be offered independent of the court's decision regarding pretrial release. Aftercare will include drug testing to identify individuals who relapse;
 - Local prevention providers will be encouraged to serve children of addicted parents to stop the intergenerational nature of addiction;
 - Sanctions will be developed for those individuals who are enrolled in a criminal justice system treatment program and who fail to move toward abstinence; and
 - Those not involved in the criminal justice system will be identified through various outreach programs (e.g., AIDS outreach) for drug treatment. A neutral party will monitor the individual to ensure that all services are being used to assist him or her in becoming drug free.
- ONDCP will produce and distribute a directory titled *Anti-Drug Programs That Work at the Community Level*.

The 12-month Action Plan for Enhancing Drug Program Flexibility and Efficiency at the Community Level consists of five targets.

Completion Date: September 1995

Target No. 4: Facilitate Delivery and Linkage of Community-Based Services

Step:

- ONDCP will conduct a “Cut the Red Tape” Campaign to examine possible regulation deletions or waivers to improve community-based service delivery. New deregulation guidelines will be distributed to community-based entities by the appropriate agencies. Options to be considered include the following:
 - Identify Federal obstacles that impede drug program delivery;
 - Consider revisions to the Food and Drug Administration regulations for methadone and LAAM (levo-alpha-acetylmethadol-hydrochloride) in favor of clinical protocols, standards, or guidelines; and
 - Encourage States to adopt the Federal Controlled Substances Act (CSA) to facilitate timely availability of addiction treatment medications.²

Completion Date: December 1995

ENDNOTES

¹ For more information about Federal drug grants funded through FY 1995, see *Responding to Drug Use and Violence: Helping People, Families, and Communities*. Office of

National Drug Control Policy, January 1995. This report is a directory and resource guide of public- and private-sector drug control grants.

² The CSA, Title II of the Comprehensive Drug Prevention and Control Act of 1970, is a consolidation of numerous Federal laws regulating the manufacture and distribution of narcotics, stimulants, depressants, and hallucinogens. Drugs are placed on one of five CSA schedules, in accordance with their relative abuse potential, currently accepted medical use, and accepted safety for use under medical supervision. Registration is required for anyone who handles a scheduled drug, but requirements regarding recordkeeping, distribution, dispensing, and security measures differ according to the schedule on which the drug is placed (e.g., Schedule I drugs are the most tightly controlled).

Many States have created additional controlled substance regulations, which differ in specific ways from State to State and from State to Federal. One practical impact of these differences is that drugs approved by the Federal Government as safe and effective can be subjected to additional, long, and often cumbersome regulatory and/or statutory processes. As the Administration continues with actions under the Reinventing Government umbrella, consideration should be given to streamlining governmental processes where the Federal and State interests are essentially the same. There clearly is a common interest in encouraging medications development research, especially the development of medications to treat addiction. There also clearly is a common interest in controlling drugs with abuse potential, to avoid diversion and abuse. Common regulations would remove obstacles to private researchers, reduce research costs, and foster communication and progress in both enforcement and treatment.

The benefits of a uniform approach are evident, the costs are not. This Strategy encourages adoption of the CSA by all States, and ONDCP will lead consideration of the best means for accomplishing this.

VIII. Action Plan for Strengthening Interdiction and International Efforts

Strong interdiction capability in both the source countries and the transit zones is required to disrupt the flow of drugs to the United States. At the same time, the United States must work with source countries to strengthen their counternarcotics programs. The form of interdiction that is most cost effective—and the one that makes the most sense strategically—is not a random effort, but rather one based on timely intelligence.

The aim of source country programs is to assist host nations to destroy drug trafficking organizations, to destroy drug crops, to level drug production facilities, to track and seize drugs scheduled to be shipped to the United States, and to develop alternative economic projects that will relieve the local farmer's dependency on drug crops.

The international drug trade poses a direct threat both to the United States and to international efforts to promote democracy, economic stability, human rights, and the rule of law. An unabated flow of drugs to the United States will undercut the effectiveness of domestic efforts to reduce illicit drug use. Strong action must continue so that through interdiction and a reduction of drug cultivation and production in the source countries, the flow of drugs into the United States can be reduced.

PROGRESS MADE TOWARD STRENGTHENING INTERDICTION AND INTERNATIONAL EFFORTS

The Administration intends to continue addressing the following international goals set forth in the 1994 *National Drug Control Strategy*:

- Strengthen international cooperation against narcotics production, trafficking, and use (Goal 12).
- Assist other nations to develop and implement comprehensive counternarcotics policies that strengthen democratic institutions, destroy narcotrafficking organizations, and interdict narcotrafficking in both the source and transit countries (Goal 13).
- Support, implement, and lead more successful enforcement efforts to increase the costs and risks to narcotics producers and traffickers to reduce the supply of illicit drugs to the United States. (Goal 14)

U.S. drug control agencies have developed an aggressive, coordinated response to the cocaine, heroin, and marijuana threats facing this Nation, which will remain in the Action Plan for Strengthening Interdiction and International

Efforts. This response requires an effective interdiction capability in the transit zones,¹ while developing effective initiatives in source countries focused on illicit cultivation and drug production areas. The Action Plan is multifaceted and involves six important and interrelated thrusts:

- Strengthen the interdiction capacity in the transit zone to disrupt the flow of drugs from the source countries into the United States.
- Build strong intelligence capacities within source countries—working closely with host nation governments to identify, track, and disrupt drug shipments—to ensure that information about drug shipments is available as soon as shipments move through the source nations to the transit zones. This capability will increase the success of interdiction efforts at all points in the trafficking chain.

Successful international money laundering investigations have dealt significant blows to the narcotics industry while bringing worldwide attention to the economic problems caused by drug money laundering.

- Strengthen enforcement capacities in source countries so that major drug trafficking organizations are targeted, their leaders imprisoned for terms commensurate with the seriousness of their crimes, their activities disrupted, their drugs interdicted, and their financial assets seized.
- Foster and build democratic institutions and strengthen law enforcement and judicial systems so that (1) drug trafficking organizations can be dismantled, (2) intelligence for interdiction operations can be systematically developed, and (3) public support for drug control programs can be maintained.
- Support assistance to source countries to move toward eliminating illicit crops through intelligence-driven disruption of drug trafficking, eradication, and development of alternative income programs.
- The Administration is committed to upholding human rights both in the United States and

abroad. The Administration will increase the ability of the U.S. Government to monitor drug source and transit countries to ensure that counter-drug operations are free of human rights violations and that dedicated counter-drug units are models for other law enforcement and military units to follow.²

In countries such as Bolivia, Colombia, Guatemala, Venezuela, Panama, and the Bahamas, the U.S. Government has provided training, technical guidance, information, and other assistance to support interdiction, conduct investigations, and build more effective criminal cases. The United States also has encouraged the enactment of stronger drug-related laws so that source and transit nations have the legal tools they need to investigate and prosecute trafficking organizations and destroy their financial base.

The U.S. Agency for International Development has funded alternative development projects and programs to assist with the improvement of judicial systems in foreign countries. U.S. Government support of the United Nations Drug Control Program contributed to the establishment of the Caribbean Regional Legal Reform Training Center. Additionally, steps have been taken to enlist the involvement of the Dublin Group member countries, the Major Donors Groups, and other governments to promote more effective drug control initiatives in the source and transit nations.

Successful international money laundering investigations have dealt significant blows to the narcotics industry while bringing worldwide attention to the economic problems caused by drug money laundering. These operations also produced significant intelligence on cartels' money laundering operations.

Improvements were made in the interdiction program last year though a number of actions, beginning with ONDCP's designation of the U.S. Interdiction Coordinator (USIC). The USIC is responsible for monitoring and overseeing the U.S. interdiction program in the Western Hemisphere, both source and transit zones, to optimize program effectiveness. Other important achieve-

ments last year included the implementation of a National Interdiction Command and Control Plan, improved coordination among Federal interdiction program agencies' operations, better reliance on intelligence—much of which comes from strengthened source country initiatives—to reduce costly random patrols, and the development of a list of interagency priorities to enhance initiatives focused on the source countries. Cooperation among the Department of Defense, the Coast Guard, the Customs Service, and the Drug Enforcement Administration has led to more effective, intelligence-driven interdiction operations leading not only to seizures but also to other trafficker losses through the jettison of drug loads or aborted smuggling activities.

Internationally, the Summit of the Americas has ushered in a new era of cooperation in narcotics control in the Western Hemisphere. In addition, the first steps toward a new, more active counternarcotics strategy to deal with Burma were taken last year as part of an interagency review of international heroin policy.

A SUCCESSFUL INTERNATIONAL CERTIFICATION PROCESS

The long-term objective of the United States and of this Action Plan is to encourage all nations, especially the major drug producing and drug transit countries, to meet all their antidrug obligations under the 1988 United Nations Convention. To move closer toward this objective, the 1994 *National Drug Control Strategy* called for a "more aggressive use of the congressionally mandated certification process that conditions economic and military assistance on counternarcotics performance."³ The President's 1994 decision to deny certification to four countries and grant only national interest certification to six countries reflects this tough approach.⁴ The President made his decision based on recommendations developed by the Department of State, the National Security Council (NSC), and ONDCP.

The Department of State strengthened the certification process in 1994 by establishing specific cri-

teria for judging the performance of the major drug producing and transit countries. By means of periodic diplomatic demarches based on these criteria, the Department of State consults with the relevant governments throughout the certification process, stressing expectations and reviewing progress. This procedure minimizes the grounds for misunderstandings when the certification decisions are made annually on March 1.

By establishing realistic performance objectives and consulting on them throughout the year, a useful and functional framework for achieving progress in international drug control has been established. These specified objectives, consultations throughout the year, and a clear statement of the rewards or sanctions involved have made the certification process into what it was originally meant to be: a credible and effective diplomatic instrument for progressing toward the common goal of ending the illicit international drug trade.⁵

The long-term objective of the United States and of this Action Plan is to encourage all nations, especially the major drug producing and drug transit countries, to meet all their antidrug obligations.

To ensure that all drug producing and drug transit countries meet their antidrug obligations, this Action Plan will continue the aggressive use of the certification process.

THE INTERNATIONAL COCAINE STRATEGY

In 1993 ONDCP and NSC conducted a comprehensive interagency review of the international cocaine situation. This review, which provided the foundation on which this Administration's international strategy was built, resulted in a Presidential Decision Directive (PDD) stating that the international cocaine industry represents the following:

- A serious national security threat requiring an extraordinary and coordinated response by all agencies involved in national security;

- A threat that is severely damaging the social fabric of this and many other nations' societies; and
- A threat to democracy, human rights, and the environment that requires a major foreign policy response by the United States.

The PDD directed a three-pronged international drug control strategy that emphasized assisting institutions of nations showing the political will to combat narco-trafficking, destroying the narco-trafficking organizations, and interdicting narcotics trafficking in both the source countries and transit zones. The PDD called for a controlled

To be successful, the United States must strengthen and build greater counternarcotics cooperation bilaterally and regionally with its Latin American partners.

shift in focus of cocaine interdiction operations from the transit zones to source countries. The logic behind this shift is that it is more effective to attack drugs at the source of production rather than once they are in transit to the United States. The Administration now is implementing this new cocaine strategy. To be successful,

the United States must strengthen and build greater counternarcotics cooperation bilaterally and regionally with its Latin American partners. This will require the requisite levels of funding to support full implementation of the international drug control program, including the interdiction component. Interdiction program capability must be maintained until source country program capability has become effective. In the past, erratic funding has inhibited the ability to fully implement the international drug control strategy. These fluctuations also have shaken the faith of America's counternarcotics partners in America's reliability as a dependable partner. This faith must be restored.

The Controlled Shift

In the 1994 *National Drug Control Strategy*, the Administration announced its intention to begin a shift in interdiction emphasis, from activities primarily focused on the transit zones to a stronger focus on the source countries. This shift has

begun, and will continue in this Action Plan. It is intended to provide a more targeted and better focused effort in areas where the drug industry is more concentrated and most vulnerable.

The controlled shift underscores the commitment to maintain a tough stance against the international narcotics trade in an era of tighter budgets and changing trafficking patterns. Instead of relaxing efforts, the Federal agencies have responded with steps to optimize the use of existing interdiction assets. For example,

- Intelligence capacity has been improved to better support and focus U.S. interdiction efforts. Random air or sea patrols to locate drug smugglers, which are very expensive and produce limited results, have been reduced.
- Interdiction resources, especially maritime assets, have been better deployed to allow a more timely response to intelligence-cued targets.
- Detection and monitoring capabilities have been improved by replacing transit zone surveillance systems in the Caribbean Basin Radar Network with a radar sensor system (the Relocatable Over the Horizon Radar [ROTHR])⁶ that covers a wider area.
- The cost of detecting and monitoring drug trafficking aircraft has been decreased through the use of radar-equipped vessels that are significantly cheaper to operate than the U.S. Navy vessels previously used for this purpose.

However, the shift in focus so far has not included any direct shift in resources from the transit zones to the source nations. In fact, Congress has acted to reduce both the international and interdiction budgets by more than \$500 million since Fiscal Year (FY) 1994, leaving insufficient funds to expand source country initiatives while attempting to sustain existing transit zone programs.⁷ In addition, some critics of the Administration's international strategy have noted the reduction in Federal drug control resources from their peak in FY 1992. This decline is misleading in that it

reflects mostly nuances of the Federal budgeting cycle rather than a real decline in resources for program operations. A substantial level of capital procurement and operating resources was included in earlier interdiction budgets. Some of what appear to be reductions in interdiction funding in current budgets actually reflect the natural end of capital acquisition programs begun in the mid-1980s.⁸

International Cooperation

In addition to the controlled shift in the focus of interdiction activities to source countries, emphasis on international cooperation will continue as a key to this comprehensive Action Plan for Strengthening Interdiction and International Efforts. The United States has sought efforts to enhance international cooperation in Peru, Colombia, Bolivia, Mexico, and Caribbean, Central American, and spillover countries.

Peru

Any consideration of counternarcotics policy in Latin America must begin with the understanding that Peru is central to the illegal cocaine industry. More than 60 percent of the world's supply of coca is grown in Peru. So long as coca production remains this concentrated, counternarcotics success will require progress in Peru. While the Fujimori Administration has taken steps in the right direction, Peru must seriously intensify its counternarcotics effort.

Peru has for the first time adopted a comprehensive national counternarcotics strategy—an important step in the further development of a successful counternarcotics program. This strategy calls for strengthening the judicial system; building counternarcotics institutions; reducing coca cultivation through alternative development; and increasing emphasis on prevention, treatment, and rehabilitation. Implementation of this Peruvian strategy will begin this year. Its goals include initiating a campaign aimed at reducing the level of addiction in 1996; designating areas for limited legal coca

cultivation in 1996; providing alternative economic development to 50 percent of the current coca growers by the year 2000; and achieving a 50-percent reduction in the current level of addiction by the year 2000.

Peru also has outlawed the cultivation of opium poppy and has been strong and decisive in its efforts to contain poppy cultivation. With the assistance of Colombia, the kingpin Carlos Demetrio Chavez Penaherrera (a.k.a. "El Vaticano") was arrested, convicted, and sentenced to a 30-year prison term. The government of Peru has pursued joint police-military counternarcotics programs, which have increased its capability to disrupt the traffickers' operations by denying them the use of numerous airports and seizing substantial quantities of cocaine base and precursor chemicals.

The government of Peru is working to address the problem of corruption and has taken actions against several senior military officers involved in corruption. Peruvian authorities are working hard to exercise more control over their air space to prevent narco-traffickers from having unrestricted use of light aircraft to transport their cocaine base. The decision by Peru to allow the use of potentially deadly force against aircraft suspected of narcotics trafficking in Peruvian airspace made real-time intelligence sharing by U.S. personnel a problem under U.S. law. This required, in response, a change in U.S. law to allow for continued support of the Peruvian air interdiction efforts. The Administration joined with Congress in making the necessary legislative change, and the United States again is able to fully support this aspect of the Peruvian counternarcotics program.

While Peru's accomplishments during the past year are encouraging, the country remains the world's largest producer of coca, and there con-

In addition to the controlled shift in the focus of interdiction activities to source countries, emphasis on international cooperation will continue as a key to this comprehensive Action Plan.

tinues to be concern over reports that cultivation is spreading outside traditional growing areas. Seedbed eradication is a first step, but it must be followed by efforts that will reduce and eventually eliminate illegal coca cultivation. Peru must begin to take these steps if it is to gain the support of the United States and the international community in providing alternative development as an integral part of its eradication program. Strong law enforcement efforts in coca growing areas will create the incentives for successful alternative development.

Colombia

Colombia has been an important ally of the United States in the fight against the cocaine cartels. However, Colombia is now at a cross-

roads and must intensify its efforts against the drug trade. In 1994 Colombia continued its efforts to develop the capability of its own law enforcement institutions to conduct independent operations against drug traffickers. In 1994 these law enforcement organizations

seized 60 metric tons of cocaine and cocaine base and destroyed 434 cocaine-processing laboratories, both of which are increases over 1993 performance but fall short of the levels in 1991.

Colombia has recently stepped up its poppy eradication program and begun an aerial coca eradication program that is strongly opposed by the traffickers, who have organized farmer demonstrations against it. However, Colombia must persist because its eradication efforts establish an important precedent for the entire region. Continuation of these efforts will be an important test of Colombia's political will to conduct a serious counterdrug effort.

Colombia also has taken positive steps to develop a chemical control program. In 1994 a successful raid on a major international chemical supplier resulted in (1) significant seizures that caused shortages in the supply and availability

of essential and precursor chemicals, and (2) short-term drastic increases in the prices of those chemicals that remained available.

Narcotics-related corruption remains a major concern in Colombia, and the Colombian Government must be relentless in its efforts to reduce and eliminate the drug organizations' ability to intimidate and corrupt government officials.

Colombia is working to exercise control over its airspace and prevent unrestricted use by traffickers of light aircraft to move cocaine products. However, Colombia's lack of direct investment in the procurement of equipment to accomplish this remains a weakness. As was the case with Peru, Colombia's decision to use potentially deadly force against suspected narcotics trafficking aircraft required a change in U.S. law to allow for continued U.S. support of these efforts.

There are other areas of serious concern. In a decision rendered by the Colombian Supreme Court, the use and possession of user amounts of some drugs was, in effect, legalized. This action creates a dangerous climate for the health and well-being of Colombian citizens. Attempts by the Samper Administration to reverse this decision were rejected by the Colombian Congress. In addition, the Colombian Government has not arrested or prosecuted any leaders of the drug cartels, and there continues to be talk of entering into lenient plea bargaining agreements. Little action has been taken to force the traffickers to relinquish their illicit gains, and—worst of all—the Colombian Government has not been able to guarantee the safety of witnesses and their families or to make effective use of U.S.-supplied evidence. As a result, the U.S. Government has suspended evidence-sharing with Colombia in new drug cases.

The new Colombian Administration has stated its intention to continue a vigorous campaign against the narcotics industry. The United States is prepared to assist Colombia in this regard. However, only Colombia's action can

Colombia has been an important ally of the United States in the fight against the cocaine cartels.

demonstrate that it has the political will and commitment necessary to fight the drug trafficking organizations operating from its soil.

Bolivia

The situation in Bolivia remains mixed. The country was granted a “vital national interest” certification in 1994 because of the United States’ assessment that some key counternarcotics performance deficiencies precluded a “full” certification. It was judged to be in the best interests of the United States to continue cooperation with Bolivia, to build on progress that has been made in some key areas, and to continue to press for coca eradication and a workable mechanism through which to extradite drug traffickers.

Bolivia’s president has announced his intent to eliminate all illegal coca in the Chapare region through an alternative development and eradication program. However, the government of Bolivia has been slow in developing a concrete plan of action.

Alternative development programs continue, especially in the Chapare region, where foreign donors assist in building roads and other infrastructure. Also, cooperative law enforcement efforts between the United States and Bolivia have resulted in the use of air routes in and out of the Chapare region being essentially denied to the traffickers.

Unfortunately, not all U.S. efforts have met with such success. Bolivian eradication of coca through either forced or voluntary means is at a standstill. Although the government has taken a strong public stance against corruption, it remains endemic. The Government of Bolivia needs to develop the requisite political will to deal decisively with these problems, to reject the coca industry, and to withstand the considerable pressures of coca proponents.

Mexico

Mexico is a key gateway for illicit drugs entering the United States. Although distracted by

other political and economic matters—the national presidential campaign, the assassination of presidential candidate Collosio, and the Chiapas uprising—Mexico must give the priority to counternarcotics efforts it once did. The new Zedillo Administration has stated its intention to resume Mexico’s vigorous campaign against the narcotics industry; anticorruption efforts must be an integral part of this campaign.

Government officials are pushing ahead with plans to develop a professional antidrug police force and to upgrade their ability to intercept and seize trafficker aircraft.

In 1994 the interdiction program continued, with opium and marijuana seizures increasing over 1993. However, cocaine seizures were somewhat

lower than their 1993 record, reflecting larger cocaine shipments from South America and the fact that past successes here have forced the traffickers to change their tactics. With every change in their methods, counternarcotics forces must adjust to meet the new challenge.

The opium eradication effort continued, yet net Mexican opium production is up. The counternarcotics partnership between the U.S. Government and the Mexican Government resulted in the signing of a money laundering agreement that constitutes an important step by Mexico to address the use of its financial institutions to launder drug profits.

Mexican traffickers have become the number-one source of the chemical base ephedrine to supply clandestine methamphetamine laboratories in the western United States. Additionally, these traffickers have established a growing number of methamphetamine labs just south of the U.S. border. Mexican police officials are handicapped by the lack of action by the Mexican Congress to provide an effective chemical control law.

Mexico is the pivotal nation for drugs entering the United States. As a result it is crucial that

Mexico is a key gateway for illicit drugs entering the United States.

Mexico (1) possess the ability and the will to disrupt the trafficking organizations operating within its borders, (2) interdict drugs before they cross the border to the United States, and (3) seize the financial assets laundered in their nation by traffickers. The United States' bilateral agreements with Mexico in these areas will reflect these expectations.

Caribbean, Central America, and Spillover Countries

The pressures applied to the narcotics industry in the source countries of Bolivia, Colombia, and Peru have caused illicit cartels to look to

The pressures applied to the narcotics industry in the source countries of Bolivia, Colombia, and Peru have caused illicit cartels to look to neighboring countries . . . for a political atmosphere that is more conducive to their trade.

neighboring countries (principally Brazil, Ecuador, and Venezuela) for a political atmosphere that is more conducive to their trade. The drug cartels are increasing their operations in these countries and must be challenged before they develop their infrastructure and political influence. The United States must assist these governments in recognizing the potential threat posed

by the narcotics industry and the importance of taking early prevention action.

This same level of threat exists in the nations of the Caribbean Basin, where traffickers are broadening their trans-shipment operations and expanding their levels of influence. These small nations individually are no match for the powerful, sophisticated, and well-financed traffickers. These nations recognize the significance of the threat and have requested U.S. assistance in developing a regional counternarcotics program that will coordinate their efforts into a unified response. The United States will actively assist the Caribbean nations in developing this regional effort and will work to establish a high degree of cooperation between them and the counternarcotics programs of the Puerto Rico/U.S. Virgin Islands High Intensity Drug Trafficking Area and the Joint Interagency Task Force East.

Central America continues to be a key link in the trans-shipment of cocaine and the laundering of drug profits. The United States must continue to work with these nations to strengthen their political will to fight drug trafficking, to enhance their domestic capabilities to interdict cocaine, to prosecute money launderers, and to create environments hostile to illicit drug activities.

SUMMIT OF THE AMERICAS

The December 9-11, 1994, Summit of the Americas in Miami, Florida, provided the United States and its hemispheric partners a unique and important opportunity to strengthen cooperation against the drug trade. Attended by the Heads of State of all 34 democratically elected governments in the Western Hemisphere, the Summit stressed the opportunities and the means to improve the quality of life throughout the hemisphere. Their unanimously endorsed *Declaration of Principles* and associated Plan of Action—two of the most progressive, comprehensive, and thoughtful documents ever produced by such a gathering—outlined the ways for this to be accomplished. Quality of life will be improved in two ways: through the promotion of those initiatives that advance development and prosperity—democracy, free trade, and sustainable development—and through standing up to the challenges that undermine these basic initiatives.

From the outset, the participants of the Summit recognized that illicit narcotics was one of the most pernicious challenges and that it should be dealt with constructively at the Summit. Regional narcotrafficking and money laundering pose serious barriers to establishing and conducting legitimate trade and can act to destabilize democratic governments and establish serious barriers to the economic integration of all the nations in this hemisphere. The infusion of drug dollars into a nation's economy has severe adverse effects on economic growth because it crowds out legitimate investors and stifles other business development.

In signing the *Declaration of Principles* and the Plan of Action, the Heads of State endorsed documents

that emphasize the need for shared responsibility and a comprehensive approach to narcotics control. In this context, the United States must continue to reduce domestic drug use and help generate resources to support sustainable development in key drug producing countries. The Summit's counternarcotics elements also represent the following important steps forward in hemispheric recognition of drug abuse and drug trafficking:

- By underscoring the threat that drugs pose to democratic institutions, economies, and societies, each country affirmed that it is in its fundamental interest to confront the narcotics problem.
- The documents express strong commitment by all countries to take effective law enforcement action against the leaders of drug trafficking and money laundering organizations.
- The Summit highlighted the need to link the provision of alternative development resources to reduce drug production, trafficking, and abuse.
- The Summit highlighted the need to provide national and international support for development programs aimed at creating viable economic alternatives to drug production.
- The documents express the strong commitment of the leaders of the nations of the Western Hemisphere to make money laundering a criminal offense, to enact legislation to permit the freezing and forfeiture of assets, and to implement various recommendations and model regulations that have been developed through regional organizations.

Expanded trade results in job creation and employment opportunities—the most enduring alternative to narcotics production and trafficking and thus a key component of any strategy that seeks to reduce incentives to the drug trade over the long term. This *Strategy* will continue the work of these Heads of State to reduce the drug trade within and between countries and to increase legitimate enterprise.

THE INTERNATIONAL HEROIN STRATEGY

Data collected in hospital emergency rooms, police departments, criminal courts, public assistance programs, schools, and on the streets show that heroin consumption in the United States is increasing. Furthermore, recent senior-level visits to the heroin producing and trafficking countries of Asia and Africa confirmed several alarming facts: Worldwide use of opium and heroin is increasing, opium poppy growing areas are expanding, global production is at record levels, and there is some indication that criminal groups are moving larger quantities of heroin to the United States. There is no doubt that international opium and heroin control must remain a major foreign policy objective of the United States.

The key elements of the heroin strategy are as follows:

- Expand and intensify contacts with foreign leaders in the principal source, transit, and consuming countries to mobilize international cooperation to attack opium and heroin production, trafficking, and use;
- Gain greater access to opium producing regions through bilateral and multilateral political and economic initiatives;
- Dismantle illicit heroin trafficking organizations by prosecuting their leaders and seizing their profits and assets;
- Promote diplomacy, public awareness, demand reduction, and other initiatives to strengthen political will to combat drug production, trafficking, and use in key countries; and
- Maximize counterdrug intelligence and investigative capabilities in all major source and transit countries.

... the United States must continue to reduce domestic drug use and help generate resources to support sustainable development in key drug producing countries.

With the exception of heroin that originates in the Western Hemisphere, the worldwide heroin trade generally is less integrated and more geographically dispersed than the cocaine trade; con-

sequently, countering the heroin threat requires an approach that is separate and distinct.

The heroin strategy encompasses U.S. leadership, technical expertise, and intelligence assets used in an aggressive international effort. Multilateral organizations, multinational development banks (MDBs), international financial institutions (IFIs), and governments will be included to ensure effective and well-funded efforts against heroin.

In light of the emerging heroin threat, the President directed the development of a new international heroin strategy. A draft strategy has been developed and soon will be submitted for approval.

The Administration will take the lead in increasing international awareness of the heroin threat and strengthening the political will to confront it.

Heighten International Awareness

The Administration will take the lead in increasing international awareness of the heroin threat and strengthening the political will to confront it.

The Administration has raised the priority of stemming heroin use as a foreign policy objective and will ensure that U.S. diplomacy gives equal weight to policies that address opium and heroin production, trafficking, and demand.

Regional groups, international organizations, and nongovernmental organizations will be encouraged to use their influence to enhance antidrug performance in all areas—including demand reduction—in key heroin source, transit, and consuming countries. The United States will target the leaders of the heroin trade by making them specific enforcement targets and will use every opportunity to encourage greater cooperation and support from the leaders of key source, transit, and consuming countries.

Emphasize a Multilateral Approach

The United States' approach must be broad enough to overcome the obstacles imposed by the geographic dispersion of the heroin trade and the concentration of opium production in isolated

and dangerous areas. A multilateral forum such as the United Nations or the World Bank has greater access to many important opium and heroin producing and transit regions than does the United States. The U.S. Government will make greater use of these organizations to initiate or expand drug control programs in these regions.

To improve the effectiveness of the United Nations Drug Control Program, at every opportunity, the U.S. Government will encourage international and multilateral organizations, MDBs, and IFIs to take an aggressive and proactive approach in source and transit countries to support alternative development, judicial reform, demand reduction, and public awareness.

Through member nations of the Dublin Group, the Customs Cooperation Council, the Financial Action Task Force, and other international forums, the United States will seek to increase the counternarcotics contributions of other donors. Success of these international program efforts requires that the United States develop a close working relationship with Australia, Canada, European countries, and Japan to design, develop, and coordinate international opium and heroin control assistance. All donors will be encouraged to target their developmental and humanitarian assistance to populations and areas where it can have a direct effect on reducing opium production and trafficking. This assistance also should be used to help extend government authority into opium producing regions. As governments gain greater control over these areas, continuation of assistance should be linked to drug control progress.

Attack the Heroin Trafficking Infrastructure

Heroin production, smuggling, distribution, and sales are complex, multinational businesses. They are most vulnerable when attacks on their infrastructure—leadership, money laundering, chemical supply, and communications and transportation networks—are conducted on a coordinated worldwide basis. The U.S. Government must ensure that there is a coordinated effort to focus on specific organizations, coordinating U.S. actions against them with U.S. allies. This Strategy is to synchronize law

enforcement operations in the United States with “linked” operations in Africa, Asia, and Europe.

The United States will work with other customs services to automate document review and targeting processes, using advanced technology to address the highest risk transportation network—commercial maritime cargo. The U.S. Government also will increase efforts to prosecute money launderers—particularly those traffickers who use the “underground” banking systems in East Asia, Pakistan, and India—and continue efforts to control the movement of the precursor chemicals necessary for heroin production.

Ethnic-based heroin networks pose difficult intelligence collection challenges. The United States must enhance its ability to penetrate these organizations, particularly their money laundering apparatuses. This *Strategy* seeks to address the need for countries around the world to work together to reduce the drug trade.

Regional Substrategies

The magnitude of the heroin trade, together with limited U.S. influence in heroin producing areas and constrained financial resources, require that the Administration's heroin strategy be carefully targeted. The United States focuses efforts in Southeast Asia; the Middle East and Southwest Asia; Latin America; Africa; Russia; Eastern European countries; and the newly independent states.

Southeast Asia

This Strategy's primary heroin control priority will be to reduce the flow from Southeast Asia, which currently supplies more than 60 percent of all heroin sold in the United States. The key country in this region is Burma.

In November 1994, a senior-level U.S. delegation visited Burma. The delegation, which included a representative of the State Department's Bureau of International Narcotics Matters, raised counternarcotics issues with Burma's senior leadership, including prosecuting narco-traffickers, fulfilling counternarcotics commitments in agreements with Burmese ethnic

groups, making greater efforts by the regime to utilize money laundering and conspiracy legislation, and access to opium producing areas using nongovernmental organizations.

A range of measures currently undertaken, designed to address the United States' counternarcotics concerns without undermining other vital U.S. objectives, includes efforts to promote political reform and reconciliation and curb gross violations of human rights in Burma. These measures also include the following:

- Continue, at appropriate levels, a general dialogue with appropriate Burmese authorities regarding counternarcotics strategies;
- Exchange information with appropriate Burmese officials to support unilateral counternarcotics operations;
- Provide in-country counternarcotics training to specialized units on a case-by-case basis and subject to the same U.S. standards and safeguards observed in other countries in which the United States has a counternarcotics relationship;
- Continue recently enhanced efforts to influence Burma's neighbors—especially China and Thailand—to exert more narcotics control pressure on the Burmese Government by emphasizing to them the regional threat posed by Burma's heroin trade;
- Continue to urge China and Thailand to conduct drug interdiction operations along their borders with Burma, at major ports, and wherever such operations can enhance the collection of evidence on the organizations and their leaders;
- Complete second opium yield survey in Burma, which will provide important infor-

The magnitude of the heroin trade, together with limited U.S. influence in heroin producing areas and constrained financial resources, require that the Administration's heroin strategy be carefully targeted.

mation about the nature of the opium crop; and

- Continue support for UNDCP regional narcotics control efforts that affect Burma.

Much of the opium production in Burma has taken place outside areas of central government control; thus, the United States has urged the government of Burma to work toward effective implementation of its coun-

ternarcotics agreements with Burmese ethnic groups that have long opposed central government policies. In this respect, the U.S. objectives can be better accomplished by the importance the United States attaches to political reform and reconciliation in Burma. This is critical if the Burmese Government is to make sustained progress with the ethnic groups.

The United States also will intensify efforts to destroy Southeast Asian trafficking operations by attacking brokering, banking, shipping, communications, and other support operations in the region.

Finally, the United States will continue to expand cooperative efforts with other governments in the region, especially Thailand, Malaysia, Hong Kong, Taiwan, and Singapore to reduce cultivation and trafficking in their countries. The United States also will intensify efforts to destroy Southeast and East Asian trafficking operations by attacking brokering, banking, shipping, communications, and other support operations in the region.

Middle East and Southwest Asia

The U.S. Government's interest in Southwest Asia centers on increased heroin production in Afghanistan and Pakistan's drug processing and international trafficking syndicates. It also is concerned about production in the neighboring republics of the former Soviet Union as well as trafficking networks operating from Afghanistan, Iran, Lebanon, Syria, and Turkey. Through appropriate bilateral or multilateral mechanisms, this Nation will reach out to all of these governments by offering technical assis-

tance, intelligence and information, and law enforcement training. The United States also will work to enhance the commitment of Western European countries to provide financial support through multilateral development banks and organizations and to apply diplomatic pressure on producing, transit, and consuming countries.

Latin America

Expanding poppy crops in Colombia and Mexico and emerging poppy cultivation in Peru and Venezuela are aimed almost exclusively at U.S. consumers. Mexico has demonstrated both the political will and the capability to eradicate poppy cultivation. With support from the United States, Colombia and Venezuela have made a similar commitment. Peru has announced its intention to conduct eradication operations against poppy cultivation. Guatemala has virtually eliminated its once significant poppy crop. The Administration must continue to provide the technical support necessary to sustain or improve upon these efforts and use this opportunity to encourage more active eradication programs against all illegal drug crops in Latin America.

Colombian heroin is a particularly insidious problem because the drug cartels utilize an existing drug distribution infrastructure to move their product. Colombian eradication programs have destroyed as much as 20,000 hectares of poppy in recent years. The U.S. Government has strongly encouraged the Samper Administration to continue its eradication efforts and to vigorously attack the heroin traffickers.

Africa

Nigerian and West African trafficking organizations demand special attention because they move a substantial portion of the Southeast Asian heroin arriving in the United States. Because of insufficient progress in counternarcotics, Nigeria was denied certification by

President Clinton in 1994. The Administration explained to the Nigerian Government that while the U.S. Government wants Nigeria to earn certification, this will not occur until Nigeria meets its international obligations under the 1988 Vienna Convention and meets the certification standards specified in the U.S. Foreign Assistance Act.

The emergence of a fully democratic South Africa and the subsequent opening of its borders and expansion of its international commerce have encouraged drug traffickers to attempt the development of South Africa as a major transit country. The United States has offered help to South Africa to counter this threat and tackle its increasing drug consumption. South Africa has the stature, skills, and resources to assume a major leadership role in Africa against the drug trade, and the United States encourages South Africa to do so.

Russia, Eastern European Countries, and the Newly Independent States

Organized crime groups in Russia, Eastern Europe, and the newly independent states (formerly of the Soviet Union) are of increasing concern. The Administration will address this problem through expanded training and other efforts by both bilateral and multilateral counternarcotics and countercrime mechanisms. In the summer of 1994, a high level U.S. delegation travelled to Eastern Europe and Russia to discuss law enforcement efforts. This led to the opening of an FBI office in Moscow and a training center in Budapest.

12-MONTH ACTION PLAN FOR STRENGTHENING INTERDICTION AND INTERNATIONAL EFFORTS

The 12-month Action Plan for Strengthening Interdiction and International Efforts consists of five targets: (1) coordinate the completion and implementation of a PDD on heroin; (2) develop measures of effectiveness for international, host country, and interdiction programs; (3) follow up on the Summit of the Americas; (4) continue

implementation of the PDD on cocaine; and (5) expand international public diplomacy.

Target No. 1: Coordinate the Completion and Implementation of a PDD on Heroin

Steps:

- Prepare a draft PDD on heroin based on the heroin section of this document and coordinate it through the NSC process for the President's approval.
- Coordinate with the Counternarcotics Interagency Working Group (CN-IWG) for full and timely implementation of the PDD on heroin.
- Coordinate U.S. Government efforts to engage Burma on counternarcotics.

The 12-month Action Plan for Strengthening Interdiction and International Efforts consists of five targets . . .

Completion Date: September 1995

Target No. 2: Develop Measures of Effectiveness for International, Host Country, and Interdiction Programs

Step:

- Work with Federal drug control agencies to develop proposed measures of effectiveness.

Completion Date: September 1995

Target No. 3: Follow Up on the Summit of the Americas

Steps:

- Facilitate a ministerial conference to coordinate hemispheric response to money laundering.
- Organize a conference of donors, MDBs, and the United Nations to seek resources for alternative development programs.

Completion Date: September 1995

Target No. 4: Continue Implementation of the PDD on Cocaine

Steps:

- Aggressively pursue congressional support for the PDD on cocaine and the resulting international strategy.
- Clearly describe the institution-building program to the Congress and the American people as one of long-term commitment and effort.
- Ensure an effective interdiction capability exists and is maintained in the transit zone.
- Coordinate with the Counternarcotics Interagency Working Group to:
 - Improve host nation “end-game” capabilities;⁹
 - Recognize Peru’s willingness to expand its counterdrug efforts by removing any self-imposed barriers and increasing U.S. counternarcotics support and assistance to it;
 - Assist Colombia in its efforts to control and stop traffickers’ use of Colombian air space and to aerially eradicate coca and poppy cultivation;
 - Assist the Government of Bolivia in expanding its interdiction capabilities and to completely eliminate the cultivation of illegal coca;
 - Fully support (including intelligence and technical assistance) Mexico’s efforts to dismantle drug organizations and to eradicate poppy and marijuana cultivation;
 - Recognize the positive steps taken by the new Panamanian Administration and provide full support and assistance to their counternarcotics program;
 - Develop regional counternarcotics alliances in the source region and Caribbean Basin; and

- Continue to apply across-the-board pressure on Colombia’s Cali-based organization (including their domestic and regional associates) to break their control over the cocaine trade and destroy their ability to undermine the will and ability of regional governments to reduce narcotics trafficking.

Completion Date: December 1995

Target No. 5: Expand International Public Diplomacy

Step:

- U.S. agencies involved in international narcotics control efforts will work with others to communicate U.S. sincerity in counternarcotics activities and increase public support for counternarcotics programs in source and transit countries by the following U.S. agency actions:
 - Develop a mechanism to communicate and encourage support for policies abroad;
 - Publicize and inform the public and the Congress about the full range of U.S. international counternarcotics efforts; and
 - Develop broad themes consistent with major strategy objectives for universal attention.

Completion Date: December 1995

ENDNOTES

¹ The interdiction capability is an important element of this Action Plan for Strengthening Interdiction and International Efforts. Interdiction removes illicit drugs from the system, increases the cartels’ costs, provides intelligence against the cartels, supports institution building programs, and supports the prevention and treatment elements of this Strategy.

² The Administration has recognized the history of alleged human rights abuses, emphatically condemns such practices, and intends to ensure that such abuses are not continued by any country which receives U.S. counternarcotics assistance, especially if that assistance is being used for other purposes than for which it was intended.

An end use monitoring system is under development within U.S. embassies that will trace where assistance goes and the exact purposes for which it is being expended in other countries to ensure that U.S. assistance is being used in accordance with U.S. policies. End use monitoring programs will utilize military Inspectors General to inspect U.S. assistance and to provide periodic reports of their findings to the U.S. Ambassadors. U.S. officials, including Ambassadors, also will monitor the assistance through periodic spot checks, check on the assistance at the sites to determine how it is being used, and report on these observations in writing. Peru and Colombia also have established procedures to monitor and report on the proper use of all U.S. assistance.

In addition, the State Department is currently working on implementing a new process for reviewing allegations of human rights violations by government forces that may receive funding, training, or other support from U.S. Government counternarcotics programs.

- 3 The certification process was created by a 1986 amendment to the Foreign Assistance Act of 1961 and provides the President with three options when evaluating a nation's counternarcotics performance. If it is determined that a country cooperated fully with the United States during the previous year or has taken adequate steps on its own to achieve full compliance with the goals and objectives of the 1988 U.N. Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, the country can be certified. If a country does not qualify under this standard and a vital U.S. interest exists, it can be given a national interest certification based on that U.S. interest. If a country does not qualify under this standard and there is not an overriding U.S. interest, the country can be denied certification.
- 4 The President denied certification to four countries (Burma, Iran, Syria, and—for the first time—Nigeria) and certified six countries based on the U.S. vital interest (Afghanistan, Bolivia, Laos, Lebanon, Panama, and Peru).
- 5 If a country is denied certification by the President (or by the Congress, which can change the President's determinations by a majority vote in both Houses), most U.S. economic assistance allocated for that country is withheld. Currently 29 countries are reviewed annually for certification, but a number of these countries do not receive direct U.S. economic assistance. This might seem to encourage at least some of them to discount the

consequences of the decertification process. However, the requirement in the Foreign Assistance Act for the United States to vote against any loans from multilateral development banks to countries that have been denied certification maintains their attention to the overall process. Added to this is the international stigma that goes with denial of certification, a stigma some countries take more seriously than other penalties. The result is that the certification process can and does provide a powerful lever for encouraging meaningful global and national action in the counternarcotics area.

- 6 The ROTH is based on an advanced radar technology that gives the United States the capability to surveil the Caribbean from sites in the continental United States. The Virginia site is operational, and the Texas site is under construction. A third site in Puerto Rico is planned.
 - 7 The Department of Defense's budget has been reduced by more than \$300 million, and the Department of State's drug budget has been reduced by about \$200 million. For more details, see the Office of National Drug Control Policy's 1995 *Budget Summary Report*.
 - 8 From FY 1990 to FY 1992, the Nation's drug strategy focused heavily on supply reduction. This period saw an increase in funds from 1990 to 1991 for the seven agencies that had primary responsibility for interdiction (U.S. Department of Defense, Bureau of Land Management, Office of Territorial and International Affairs, Immigration and Naturalization Service, U.S. Coast Guard, Federal Aviation Administration, and U.S. Customs). Total funds allocated for this period increased from \$1,752 million to \$2,028 million.
- Funds were spent on hardware systems that assisted these agencies in detecting, monitoring, and confiscating the flow of drugs into the United States. Hardware included items such as helicopters, cutters, patrol boats, and other aircraft; aerostat systems and other radar detecting equipment; and the construction of facilities to house border patrol personnel. Funding levels subsequent to FY 1992 reflect maintenance and operation costs for the hardware purchased in previous years.
- 9 The term "end game" refers to the ability to successfully coordinate law enforcement action to apprehend drug smugglers whether they are moving their illicit drugs by land, air, or sea, and to ensure thorough investigation, rigorous prosecution, and appropriate sentencing.

IX. Federal Drug Control Resource Priorities

The largest Presidential request in history, a total of \$14.6 billion in Federal drug control resources, is requested in Fiscal Year (FY) 1996 for supply reduction and demand reduction activities. Recognizing the critical importance of the community in the solution to the problems of illicit drug use and trafficking, this budget expands the ability of communities to respond to their own drug problems. For the first time—as part of a new partnership between the Federal Government and States and localities—communities will have much greater flexibility in how they manage Federal resources for drug control purposes. At the same time, the Federal role in drug control—attacking organizations and traffickers, interdicting drugs both in the United States and abroad, developing and sharing intelligence, conducting national research, and improving treatment and prevention efforts—will be vigorously pursued.

The President's FY 1996 drug control budget spending plan will achieve the goals, priorities, and objectives of the National Drug Control Strategy. It includes resources for treatment, prevention, research, law enforcement, intelligence, interdiction, and international programs that comprise a balanced, national response to the problems of illicit drugs. This FY 1996 drug budget proposal provides a recipe for success: By supporting key initiatives in FY 1996, this Nation can reduce the tremendous economic and human costs posed by illicit drug use.

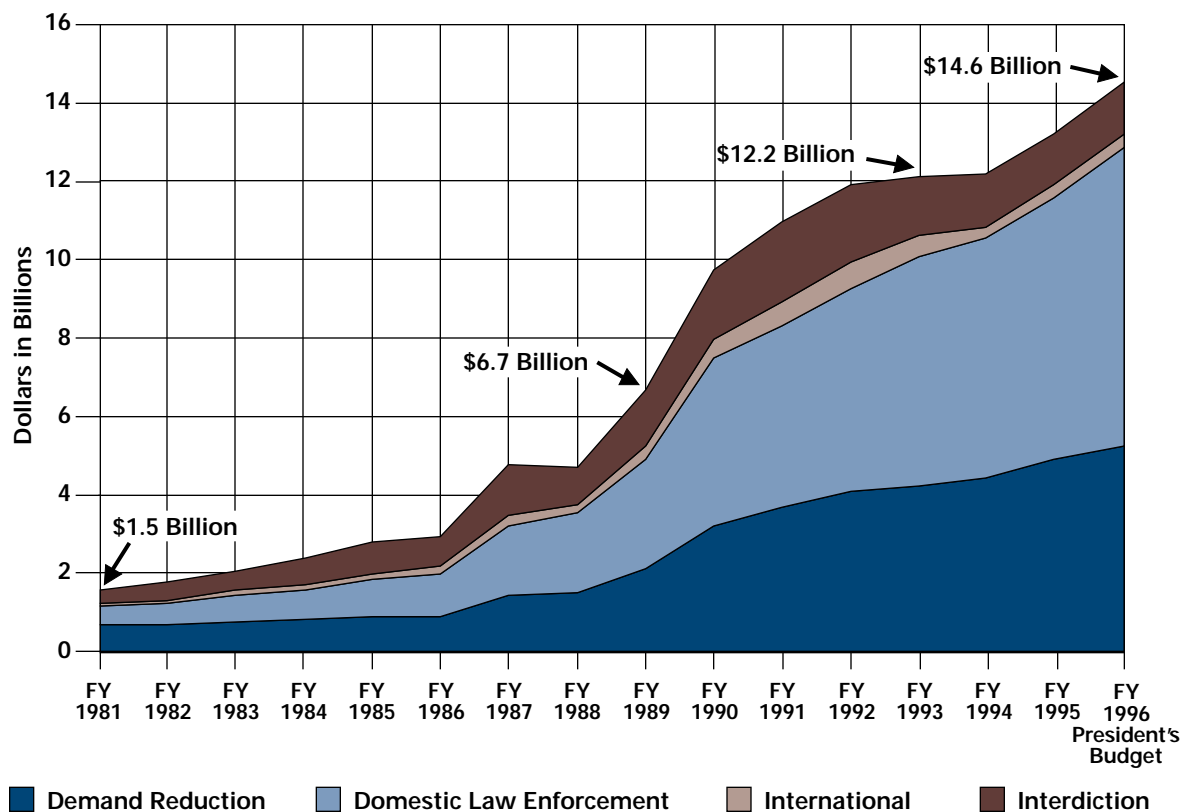
FY 1996 NATIONAL DRUG CONTROL RESOURCE REQUIREMENTS

For FY 1996, the President has requested \$14.6 billion (see Exhibit 9-1) to fund drug control

efforts. This request represents an increase of \$1.3 billion, which is 9.7 percent over the FY 1995 enacted level of \$13.3 billion. The following are among the major thrusts for FY 1996:

- Take a totally new approach to the management of Federal resources provided by the Department of Health and Human Services (HHS) to States for drug treatment and prevention. In a nutshell, the bulk of the Federal strings attached to treatment and prevention resources funded by HHS will be removed. One important string will remain— a set-aside for drug prevention services. Working with the States, communities will be given more discretion in developing and implementing programs tailored to their unique needs and concerns, rather than attempting to solve their local problems using a federally mandated approach.
- Place a major emphasis on implementing the President's International Program Strategy. The FY 1996 budget funds the Administration's plan (articulated last year) for a "controlled" shift of emphasis from previous strategies that centered on disrupting the flow of cocaine in the transit zones to a more balanced, long-term, and integrated approach that stresses efforts in the source countries.
- Place more emphasis on programs to enhance community-based efforts, especially those that strengthen local law enforcement capabilities. The FY 1996 budget includes resources to increase community-based efforts aimed at the problems of illicit drug trafficking and use, such as community policing and State and local law enforcement programs funded by the Byrne program (e.g., State and local task forces).

Figure 9-1
Federal Drug Control Spending by Function, 1981-96



- Place more emphasis on research and analysis to inform policymakers about what works and does not work in drug control efforts.

The FY 1996 budget request includes important increases in all major program areas except interdiction.

The FY 1996 budget request includes important increases in all major program areas except interdiction. Table 9-1 illustrates Federal drug control spending among the functions tracked in the Federal drug control budget.

The largest area of the Federal drug control budget is the criminal justice system. Of the total \$14.6 billion requested in FY 1996, \$7.2 billion is for the criminal justice system—an increase of \$854 million over last year. This functional area is the largest spending category of the total drug control budget. Drug treatment is the next largest program area, with over \$2.8 billion requested in FY

1996. And, at nearly \$2.0 billion, drug prevention is the third largest program area.

The international program budget represents a small but important share of total drug control spending. The total request for international programs is \$399.1 million, which is 2.7 percent of the President's total request for drug control. This program area increases by \$89.1 million in FY 1996, almost entirely to provide additional resources for the Department of State's Bureau of International Narcotics Matters (INM) to fund programs that are sorely needed in source countries.

A total of \$1.3 billion is requested for interdiction, which is 8.8 percent of the total FY 1996 budget request. The FY 1996 request is \$14.9 million less than the resources provided last year. While all other agencies involved in drug interdiction will require additional resources in FY 1996, the U.S.

Table 9-1. Federal Drug Control Spending by Function, FY 1994–FY 1996

(Budget Authority in Millions)

Drug Function	FY 1994 Actual	FY 1995 Estimate	FY 1996 President's Request	FY 95–FY 96 Change	
				\$	%
Criminal Justice System	5,735.4	6,313.3	7,166.7	853.5	13.5%
Drug Treatment	2,398.7	2,646.6	2,826.6	180.0	6.8%
Education, Community Action, and the Workplace	1,597.4	1,847.6	1,974.9	127.3	6.9%
International	329.4	309.9	399.1	89.1	28.8%
Interdiction	1,311.6	1,293.3	1,278.4	(14.9)	–1.2%
Research	520.3	538.2	570.7	32.5	6.0%
Intelligence	291.7	316.0	334.0	18.1	5.7%
Total	12,184.4	13,264.9	14,550.4	1,285.5	9.7%
Four-Way Split					
Demand Reduction	4,424.5	4,934.5	5,256.5	321.9	6.5%
	36.3%	37.2%	36.1%		
Domestic Law Enforcement	6,118.9	6,727.1	7,616.4	889.4	13.2%
	50.2%	50.7%	52.3%		
International	329.4	309.9	399.1	89.1	28.8%
	2.7%	2.3%	2.7%		
Interdiction	1,311.6	1,293.3	1,278.4	(14.9)	–1.2%
	10.8%	9.7%	8.8%		
Total	12,184.4	13,264.9	14,550.4	1,285.5	9.7%
Supply/Demand Split					
Supply	7,759.9	8,330.3	9,293.9	963.6	11.6%
Demand	4,424.5	4,934.5	5,256.5	321.9	6.5%
Total	12,184.4	13,264.9	14,550.4	1,285.5	9.7%
Demand Components					
Prevention (w/o research)	1,597.4	1,847.6	1,974.9	127.3	6.9%
Treatment (w/o research)	2,398.7	2,646.6	2,826.6	180.0	6.8%
Research	428.4	440.3	455.0	14.7	3.3%
Total, Demand	4,424.5	4,934.5	5,256.5	321.9	6.5%
(Detail may not add to totals due to rounding)					

Customs Service will not. Resources requested for the Customs Service's air program are less in FY 1996 than in FY 1995 because Customs is able to draw down excess balances that have accumulated

over the past few years. Customs program efforts will not be reduced by this budget request, as these excess balances are adequate to enable Customs to maintain its air interdiction activities.

MAJOR DRUG CONTROL BUDGET INITIATIVES IN FY 1996

Four major budget initiatives are included in the FY 1996 National Drug Control Strategy budget request. The first initiative gives communities more resources to better respond to their particular drug problems. The second initiative significantly changes the manner in which Federal treatment and prevention funds are provided to States. The third initiative focuses on reducing

drug use by expanding drug treatment to those inside and outside the criminal justice system. Finally, the fourth initiative enhances international programs to attack the problems of drug production and trafficking at the source.

Four major budget initiatives are included in the FY 1996 National Drug Control Strategy budget request.

The four major budget initiatives are outlined below.

Empowering Communities to Respond to Their Own Drug Problem

The FY 1996 request includes a number of specific initiatives to empower communities to confront their drug problem directly, including the following:

- A total of \$621.1 million in drug-related resources is requested in FY 1996 for the drug-related portion of the community policing program authorized by the Violent Crime Control and Law Enforcement Act of 1994 (Public Law 103-322, hereafter referred to as the Crime Control Act). Over 1,200 grants to add almost 10,000 more police have been awarded already. The goal is to bring the total to over 40,000 officers by the end of 1996.
- A total of \$500 million is requested for the Safe and Drug Free Schools and Communities program, an increase of \$18.0 million over the FY 1995 enacted level. These resources are critical to local community efforts to educate youth about the dangers and consequences of illicit drug use.

Improving Drug Treatment and Prevention Through Grant Consolidation

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the source of the majority of Federal funding for drug abuse treatment and prevention. The President's proposed FY 1996 budget restructures SAMHSA by proposing a new partnership block grant and a single substance abuse demonstration and training authority. The President's proposal will provide SAMHSA and the States with the ability to respond quickly and effectively to the substance abuse prevention and treatment needs of our Nation.

The "Substance Abuse Performance Partnership" will provide States with more flexibility in directing treatment and prevention resources to best meet local community needs. This new Substance Abuse Performance Partnership removes most of the earmarks and mandates of the former Substance Abuse Block Grant. One of the important earmarks that is kept is the 20 percent set-aside for drug abuse prevention services.¹ The President's total drug control request for this new Partnership is \$1.3 billion, which funds \$919.8 million in drug-related treatment and prevention services. This request includes \$60 million in additional resources over the FY 1995 level, with the States encouraged to use these funds to treat chronic substance abusers.

The President's FY 1996 budget also proposes to consolidate SAMHSA's demonstration and training programs into one demonstration and training cluster for substance abuse. The overall objective of SAMHSA's new demonstration cluster will be to train providers, to conduct demonstrations that test new ways of preventing and treating substance abuse, and to nationally disseminate data and information about effective programs. The new demonstration cluster will have strong evaluation components to assess program efficacy. Although SAMHSA's previous programs have been consolidated, the Administration intends to ensure that programs such as the Community Partnership Program receive continued support in FY 1996. A total of \$452.8 million is requested for substance

abuse-related demonstrations in FY 1996. Within the \$452.8 million requested for the Substance Abuse Demonstration and Training Cluster, \$40 million is included to demonstrate the efficacy of promoting approaches to the delivery of substance abuse treatment services to the illicit drug-using population, the most difficult of whom is the chronic, hardcore drug user.

Reducing Chronic, Hardcore Drug Use Through Treatment

Chronic, hardcore drug use fuels the continuing high demand for illicit drugs and is linked to crime, violence, health problems, and the deterioration of the family. Additional treatment capacity and flexibility in the delivery of treatment services are critical to the reduction of drug use by chronic, hardcore drug users. The total FY 1996 drug control budget request for drug treatment is \$2.8 billion, \$180.0 million more than the FY 1995 enacted level. Drug control funding for treatment services comes from a variety of sources. The major funding components of the treatment initiative include the following:

- *The Substance Abuse Performance Partnership.* Within the \$919.8 million requested for the drug portion of the Substance Abuse Performance Partnership is \$60 million more than the comparable appropriation in FY 1995. The proposed changes to the Block Grant and additional funding for illicit drug users, like the chronic, hardcore drug user, will give the States the flexibility to design and coordinate their substance abuse treatment and prevention programs to better fit their unique needs and more effectively target resources within their States to those areas of highest need.
- *Drug Courts.* The total FY 1996 request for drug courts is \$150.0 million, an increase of \$121.0 million over the \$29.0 million enacted in FY 1995. The Department of Justice will make discretionary grants to States, units of local governments, Indian Tribal governments, and State and local courts for drug court assistance to deal with nonviolent offenders with substance abuse problems.

- *Substance Abuse Treatment in Federal Prisons.* A total of \$13.5 million in new funds is requested for substance abuse treatment in Federal prisons, which was authorized by the Crime Control Act. This funding will be used by the Federal Bureau of Prisons to provide residential substance abuse treatment and to make arrangements for appropriate transition services for all eligible prisoners. Residential treatment is to include individual and group activities, lasting between 6 and 12 months, in residential treatment facilities set apart from the general prison population. Under the requirements of the Crime Control Act, treatment is to be made available to at least 50 percent of eligible prisoners in 1995, rising to 75 percent in 1996.

- *Substance Abuse Treatment in State Prisons.* A total of \$26.7 million in new funds is requested for substance abuse treatment for State prisons, which also was authorized by the Crime Control Act. This program will award discretionary grants to States to develop and implement residential substance abuse treatment programs within State correctional facilities. To receive grants, States must outline a plan for substance abuse testing of prisoners and for coordinating the development of residential treatment facilities with the State and local drug and alcohol abuse agency and HHS. Aftercare services also are covered by this initiative.

Additional treatment capacity and flexibility in the delivery of treatment services are critical to the reduction of drug use by chronic, hardcore drug users.

Increasing Source Country Program Effectiveness

The FY 1996 budget request includes \$213.0 million for international narcotics control. This is an increase of \$108.0 million over the FY 1995 enacted level of \$105.0 million for international narcotics control. In FY 1996 this program will continue the implementation of the President's directive to place more emphasis on source countries, focus on programs to achieve democratic institution building, dismantle narcotics trafficking organizations, and interdict drugs. It will also

allow a greater emphasis on multilateral efforts to strengthen democratic institutions, making them more effective in fighting international drug trafficking organizations. Under the Administration's plan, key source countries will shoulder more of the drug control burden. The budget for FY 1996 reflects extensive efforts to integrate counternarcotics police and military law enforcement activities, drug awareness and demand reduction programs, and sustainable development programs.

OTHER FY 1996 BUDGET HIGHLIGHTS

There are several other funding proposals that will contribute to the successful implementation of the National Drug Control Strategy:

- A total of \$110.0 million is requested for ONDCP's High Intensity Drug Trafficking Area (HIDTA) program to provide resources in the most critical drug trafficking areas of the country. This is \$3.0 million above the FY 1995 enacted level and allows full funding for the newly designated Puerto Rico/U.S. Virgin Islands HIDTA. In addition, the request supports the seven

There are several other funding proposals that will contribute to the successful implementation of the National Drug Control Strategy.

HIDTAs now designated (New York, Washington-Baltimore, Miami, Puerto Rico/U.S. Virgin Islands, Houston, the Southwest Border, and Los Angeles).

- A total of \$320.9 million is requested in FY 1996 for the U.S. Coast Guard to fund its counterdrug operations. This is \$14.8 million above the FY 1995 enacted level. These additional resources support a modest strategic increase in the level of effort to interdict drugs in the transit zone. With the resolution of many problems concerning Haiti and Cuba, the Coast Guard has restored certain assets to the transit zone for drug interdiction.
- Drug-related activities of the Corporation for National Service programs will be enhanced by \$14.4 million—to a total of \$53.9 million—for increasing and addressing the educational,

human service, public safety, and environmental needs of the Nation through volunteer activities.

- The total drug program request for the Social Security Administration (SSA) is \$202.4 million in FY 1996, \$44.5 million more than the FY 1995 enacted level. The SSA became an independent agency in 1995. These funds provide enhanced monitoring and supervision of treatment compliance of Supplemental Security Income recipients who have been medically determined to be disabled by addiction.
- Treatment research activities within the National Institute on Drug Abuse will increase by \$14.7 million—to a total of \$452.3 million—for augmented efforts in medications development, innovative prevention approaches, and treatment of the chronically addicted.
- Resources for the Drug Enforcement Agency's (DEA's) Domestic Cannabis Eradication and Suppression Program is maintained at the FY 1995 level of \$10.0 million to continue DEA's support to State and local efforts to eradicate marijuana cultivation in the United States.
- Funding for the Immigration and Naturalization Service's drug-related activities will increase by \$56.3 million, to a total of \$226.0 million. This level of funding allows for continued border management at El Paso and San Diego and for enhanced border management in Arizona and portions of Southeast Texas. The initiative also funds detention and removal operations associated with strengthening border management.
- The FY 1996 funding request for the drug-related portion of the Byrne grant is \$405.0 million—which includes both the President's request for a direct appropriation and funding provided in the Crime Control Act—\$10.8 million less than the total FY 1995 enacted level of \$415.8 million. This program provides financial and technical assistance to State and local units of government to control drug abuse and violent crime and to improve the criminal justice system.

- Funding for the Department of Justice's Bureau of Prisons is \$1.9 billion, an increase of \$234.9 million over the FY 1995 enacted level. This increase is requested to expand prison capacity in response to the continued growth in the Federal prison population who have been incarcerated for drug-related crimes.
- The FY 1996 request for the Veterans Administration (VA) is \$929.5 million, which is \$42.1 million above the FY 1995 enacted level. This increase enables the VA to continue to operate a network of substance abuse treatment programs. Specialized substance abuse treatment services currently are available at 161 VA medical centers.

SUPPLY AND DEMAND RESOURCES

The Anti-Drug Abuse Act of 1988 requires the Director of ONDCP to report on spending for programs dedicated to supply reduction and demand reduction activities. Of the total \$14.6 billion request for FY 1996, \$9.3 billion is for supply reduction programs and \$5.3 billion is for demand reduction programs. The percentage of resources for supply reduction is 64 percent, and 36 percent is for demand reduction programs. This percentage split reflects the impact on the drug control budget of the Crime Control Act, which greatly increased resources for law enforcement programs. In fact, the FY 1996 drug control budget request includes \$1.3 billion for programs authorized by the Crime Control Act.

IMPACT OF THE 1994 CRIME CONTROL ACT ON THE DRUG PROGRAM

The Crime Control Act complements and enhances the President's National Drug Control Strategy by providing a balance between law enforcement and prevention programs to confront the problems of illicit drugs. Fully two-thirds of the funds authorized by the Crime Control Act go directly to communities for anticrime and antidrug activities. These resources will help communities fund comprehensive antidrug strategies that meet both the immediate security needs

of a community—through more police, more prisons, more boot camps, more reasonable gun policies—and the longer term problems related to illicit drug use—through drug treatment and prevention. Table 9-2 highlights the major drug-related programs that are part of the Crime Control Act. The Drug Courts program, Community Policing, and the State and Federal Drug Treatment Programs are critically important to the National Drug Control Strategy, as discussed above. The following are other significant programs:

- The Gang Resistance Education and Training Program (GREAT) will help kids fight the allure of gang membership. A Youth Academy will prevent youth violence by getting kids off the streets and into other activities. A total of \$5.0 million in drug-related resources is requested for this program in FY 1996.
- The Family and Community Endeavor Schools (FACES) program will provide in-school assistance to at-risk children, including education and mentoring. A total of \$6.2 million is requested in FY 1996 for the drug-related portion of this program.
- The Treatment for Prisoners initiative (State and Federal, as discussed above) will provide treatment for drug users and especially for chronic, hardcore drug users. A combined total of \$40.2 million is requested for these two programs in FY 1996.
- The Community Schools Youth Services and Supervision Grant Program will provide grants to community groups to keep schools open after hours and on weekends to provide a place for kids to go and stay out of trouble. A total of \$14.5 million in drug-related resources is requested for this program in FY 1996.
- The Drug Testing for Federal Prisoners Initiative, within the Judiciary initiative, will estab-

The Crime Control Act complements and enhances the President's National Drug Control Strategy by providing a balance between law enforcement and prevention programs to confront the problems of illicit drugs.

Table 9-2. Major Drug Control Initiatives within the Violent Crime Control Trust Fund (VCRTF)

(Budget Authority in Millions)

Drug-Related Resources	FY 1995 Estimate	FY 1996 President's Request	1995-96 Change
Community Policing/100,000 Cops	364.0	621.1	257.1
Anti-Drug Abuse Program Grants (Byrne Grants)	360.0 *	208.0 *	(152.0)
Drug Courts	29.0	150.0	121.0
Violent Offender Incarceration & Truth in Sentencing Incentive Grants	2.4	49.5	47.1
Improving Border Control and INS Investigations	10.7	14.0	3.3
Drug Trafficking in Rural Areas	0.0	10.1	10.1
Residential Substance Abuse Treatment for State Prisoners	0.0	26.7	26.7
Substance Abuse Treatment in Federal Prisons	0.0	13.5	13.5
Drug Testing for Federal Prisoners	0.0	8.0	8.0
Community Schools Youth Services & Supervision Grant Program (Title III)	5.2	14.5	9.3
Family & Community Endeavor School Grants (FACES)	2.2	6.2	4.0
Federal Law Enforcement	9.4	28.2	18.7
Gang Resistance Education and Training (GREAT)	6.2	5.0	(1.2)

Note: The amounts shown in this table only represent the drug-related portion of the total appropriation.

* These VCRTF amounts supplement the direct appropriations for Byrne resulting in totals of \$415.8 million for FY 1995 and \$405.0 million for FY 1996.

lish a program of drug testing in each judicial district for Federal offenders on postconviction release as a condition of probation, supervised release, or parole. A total of \$8.0 million is requested in FY 1996 for this initiative.

cantly from the President's request in that many of the key budget initiatives sought by the President were underfunded by Congress. The additional funds provided by Congress resulted from the passage of the Crime Control Act.

The FY 1995 drug control budget proposed four initiatives in the key areas of treatment, prevention, community-based efforts, and international programs.

The Crime Control Act also provides the means to support better coordination of the priority program areas of the National Drug Control Strategy. For example, the Ounce of Prevention Council will coordinate new youth development and youth-oriented prevention initiatives.

The FY 1995 drug control budget proposed the following four initiatives in the key areas of treatment, prevention, community-based efforts, and international programs (two initiatives were supported by Congress, and two were not):

- **FY 1995 Treatment Initiative.** The Administration's initiative for drug treatment was comprised of two parts: (1) resources to enhance drug treatment capacity nationwide through a \$355 million initiative that targeted treatment for the chronic, hardcore drug user, and (2) \$200 million for enhanced treatment capacity within the criminal justice system through drug courts. However, congressional appropriations for these treatment initiatives fell far short of the Administration's request. HHS received \$57 million for its Substance Abuse Prevention

REPORT CARD—FY 1995 BUDGET

The President requested \$13.2 billion for Federal drug control programs for FY 1995. Ultimately, a total of \$13.3 billion was appropriated by Congress. However, the appropriation differed signifi-

and Treatment Block grant. Justice received only \$29 million for Drug Courts.

- *Prevention Initiatives.* The total 1995 funding request for school-based drug prevention programs was \$660 million, an increase of \$191 million for the Department of Education's Safe and Drug Free Schools and Communities State Grant Program and the Safe Schools Program. A total of \$87 million of this request was provided by Congress.
- *Community-Based Drug Control Strategy Initiatives.* More success was realized in obtaining funding for community-based initiatives in the President's drug control budget request. A total of \$1.0 billion was requested for FY 1995 for community-based efforts, of which \$733 million was requested for three specific drug initiatives: Community Policing, the Empowerment Zone, and Community Partnership programs. A total of \$594 million in drug-related resources was provided by Congress for these three initiatives: \$429 million for Community Policing, \$115 million for the Community Partnership program, and \$10.8 million for the Community Empowerment Zones program.
- *International Initiatives.* The Administration's budget initiative for international programs was not funded in FY 1995. The Administration requested an increase of \$76 million for international programs, of which \$72 million was for a new consolidated INM program. This program would support source country efforts to reduce the availability of illicit drugs through activities such as law enforcement training, judicial reform, crop control, sustainable development, interdiction, and demand reduction efforts. An additional \$5 million was provided by Congress for this initiative.

NATIONAL FUNDING PRIORITIES FOR FYs 1997–99

The Administration will pursue funding for key program areas to reduce drug use and its consequences to the individual and society and to reduce the availability of illicit drugs in the United States. The following are the funding priorities

for FYs 1997–99:

- Support programs that expand drug treatment capacity and services so that those who need treatment can receive it;
- Support prevention programs that target youth to reduce their use of illicit drugs, alcohol, and tobacco products;
- Support programs at the local level that create safe and healthy environments in which children and adolescents can live, grow, learn, and develop;
- Support programs that strengthen multi-agency linkages at the community level among prevention, treatment, and criminal justice programs, as well as other supportive social services, to better address the problems of drug abuse;
- Support programs that reduce drug-related crime and violence;
- Support programs that reduce all domestic drug production and availability and continue to target for investigation and prosecution those who illegally manufacture and distribute drugs and who illegally divert pharmaceuticals and chemicals;
- Support programs that strengthen international cooperation and actions against narcotics production, trafficking, and use;
- Support programs that increase workplace safety and productivity by reducing drug use on the job; and
- Support research that identifies “what works” in drug control programs and develops new information about drug use and its consequences.

ENDNOTE

- ¹ The Substance Abuse Performance Partnership will continue the 5 percent set-aside for SAMHSA's data collection, technical assistance, and evaluation.

Drug Control Funding: Agency Summary, FY 1994–FY 1996			
(Budget Authority in Millions)			
	FY 1994 Actual	FY 1995 Estimate	FY 1996 President's Request
Department of Agriculture			
Agricultural Research Service	6.5	6.5	4.7
U.S. Forest Service	9.6	9.8	9.4
Special Supplemental Program for Women, Infants, and Children (WIC)	14.6	13.9	15.4
Total, Agriculture	30.7	30.2	29.5
Corporation for National Service	28.2	39.4	53.9
Department of Defense	814.9	852.0	812.0
Department of Education	598.8	605.2	627.7
Department of Health and Human Services			
Administration for Children and Families	89.8	94.5	104.8
Centers for Disease Control and Prevention	36.6	44.5	50.0
Food and Drug Administration	6.8	6.8	7.2
Health Care Financing Administration	231.8	252.2	290.0
Health Resources and Services Administration	33.4	36.4	41.5
Indian Health Service	43.3	42.8	45.0
National Institute on Drug Abuse	425.2	437.7	452.3
Substance Abuse and Mental Health Services Administration	1,362.8	1,372.8	1,405.7
Social Security Administration ¹	18.8	—	—
Total, HHS	2,248.6	2,287.8	2,396.6
Social Security Administration	—	157.9	202.4
Department of Housing and Urban Development	315.0	300.8	290.3
Department of the Interior			
Bureau of Indian Affairs	22.2	19.9	20.5
Bureau of Land Management	5.1	5.1	5.1
Fish and Wildlife Service	1.0	1.0	1.0
National Park Service	8.8	8.8	9.0
Office of Territorial and International Affairs	1.3	1.3	0.2
Total, Interior	38.4	36.0	35.8
The Federal Judiciary	457.1	499.0	586.5
Department of Justice			
Assets Forfeiture Fund	527.2	511.7	502.0
U.S. Attorneys	211.8	213.3	213.2
Bureau of Prisons	1,410.7	1,694.0	1,942.4
Community Policing	—	364.0	628.0
Criminal Division	18.3	19.4	20.0
Drug Enforcement Administration	768.1	801.4	857.4
Federal Bureau of Investigation	476.5	540.0	644.4
Immigration and Naturalization Service	157.4	184.6	254.3
INTERPOL	1.9	1.8	2.2
U.S. Marshals Service	246.1	279.5	321.6
Office of Justice Programs	544.2	568.9	736.3
Organized Crime Drug Enforcement/Task Forces	382.4	374.9	378.5
Support of U.S. Prisoners	211.9	207.7	206.7
(Detail may not add to totals due to rounding)			

¹ Independent agency as of FY 1995.

Drug Control Funding: Agency Summary, FY 1994–FY 1996 <i>(continued)</i>			
(Budget Authority in Millions)			
	FY 1994 Actual	FY 1995 Estimate	FY 1996 President's Budget
Department of Justice (continued)			
Tax Division	0.3	0.3	0.3
Weed and Seed Program Fund	6.6	6.7	2.5
Total, Justice	4,963.5	5,768.3	6,709.9
Department of Labor	91.1	93.5	80.4
Office of National Drug Control Policy			
Operations	11.7	9.9	9.9
High Intensity Drug Trafficking Areas	86.0	107.0	110.0
Gift Fund	0.3	0.0	—
Special Forfeiture Fund	12.5	26.1	37.0
Total, ONDCP	110.5	143.0	156.9
Small Business Administration	0.2	0.1	0.1
Agency for International Development	44.9	14.0	—
Economic Support Fund/Development Assistance			
Department of State			
Emergency in the Diplomatic and Consular Service	0.0	0.3	0.3
Foreign Military Financing/International Military			
Education and Training	14.9	12.8	—
International Narcotics Control Program	100.0	105.0	213.0
Total, State	114.9	118.1	213.3
Department of Transportation			
U.S. Coast Guard	314.8	306.1	320.9
Federal Aviation Administration	25.3	18.0	20.5
National Highway Traffic Safety Administration	30.9	29.4	30.2
Total, Transportation	371.0	353.5	371.6
Department of the Treasury			
Bureau of Alcohol, Tobacco, and Firearms	158.8	166.7	183.3
U.S. Customs Service	572.9	536.4	500.1
Federal Law Enforcement Training Center	20.2	21.5	20.6
Financial Crimes Enforcement Network	9.1	11.2	12.2
Internal Revenue Service	113.0	100.9	108.1
U.S. Secret Service	70.8	75.7	69.8
Treasury Forfeiture Fund	149.8	158.3	147.8
Total, Treasury	1,094.7	1,070.7	1,042.0
U.S. Information Agency	7.9	8.0	8.4
Department of Veterans Affairs	854.1	887.4	929.5
Crime Bill Initiatives			
Presidential Summit	—	—	0.1
Ounce of Prevention Control	—	—	3.7
Total Drug Budget	12,184.4	13,264.9	14,550.4
Supply Reduction	7,759.9	8,330.3	9,293.9
	63.7%	62.8%	63.9%
Demand Reduction	4,424.5	4,934.5	5,256.5
	36.3%	37.2%	36.1%

(Detail may not add to totals due to rounding)

X. Conclusion

This *Strategy* is based on an assessment of the drug use situation faced by the United States; successes and failures of antidrug efforts in 1994; and what needs to be done to realize the overall goal of a Nation free of illicit drug use, drug trafficking, drug-related crime, and the negative health and social consequences of drug use. It provides specific Action Plans for reducing drug trafficking and drug use in the United States.

This *Strategy* acknowledges the serious challenges that confront the Nation in responding to drug abuse problems. In fact, it sets forth key programs to address the most intractable aspects of the drug problem, as did the two prior *Strategies* issued by this Administration. It responds with initiatives to aggressively reduce chronic, hardcore drug use; effectively reduce the supply of illicit drugs through strong enforcement and international narcotics control programs; and prevent drug use by the Nation's youth.

To be successful, this *Strategy* must be supported by the level of drug control resources requested by the President in his Fiscal Year 1996 budget. If the U.S. Congress provides any less than this request, the Nation's efforts to achieve effective drug control will be undermined. The success of this *Strategy* also depends on the support and participation of those State and local officials involved in domestic aspects of drug control, as well as the cooperation of foreign governments in fighting illicit drug organizations, drug production, and drug trafficking.

This *Strategy* presents four Action Plans to address a fundamental concern of all Americans—the

need to feel safe in one's home and community and the need to feel confident that one's children will learn, grow, and prosper in a safe and drug-free school and neighborhood. To ignore these basic needs would be patently unfair to the vast majority of Americans who work hard, pay taxes, and play by society's rules.

The Action Plans are designed to accomplish the following:

- Reduce the Demand for Illicit Drugs;
- Reduce Crime, Violence, and Drug Availability;
- Enhance Domestic Drug Program Flexibility and Efficiency at the Community Level; and
- Strengthen Interdiction and International Efforts.

The Action Plan for Reducing the Demand for Illicit Drugs enhances national drug abuse prevention efforts that target young people. The current increase in adolescent drug use must be reversed, and this *Strategy* provides a road map for accomplishing this mission. The Nation's youth deserve better than to grow up in a family or neighborhood plagued by drug use and its consequences.

This Action Plan proposes to develop a National Drug Prevention System to effectively link public and private drug abuse prevention efforts and allow community coalitions and grassroots efforts throughout the Nation to access the necessary Federal prevention resources programs for combating adolescent drug and alcohol use. This network will permit optimal use of Federal funds.

This *Strategy* continues to focus on the critical mission of reducing the number of chronic, hardcore drug users—the population that fuels the trafficking of drugs into the United States; creates crises in the Nation’s criminal justice, health care, and social systems; and denies American citizens their right to live in a secure and healthy environment. Through a range of initiatives, including the creative use of drug courts, boot camps, and treatment in correctional institutions, the Administration will make an aggressive effort to break the insidious cycle of drug use and crime.

Through a range of initiatives, including the creative use of drug courts, boot camps, and treatment in correctional institutions, the Administration will make an aggressive effort to break the insidious cycle of drug use and crime.

The Administration also will consolidate Federal drug treatment grants to the States, along with the elimination of Federal mandates, to provide States with the maximum flexibility to determine and meet what they consider to be their most urgent drug treatment needs. Providing successful treatment interventions for this population is cost effective. Furthermore, it can prevent drug-related crime

and recidivism to drug use, and lessen the impact of the health and social consequences of drug use on families and neighborhoods.

The Administration recognizes that drug treatment and prevention initiatives can only be successful when the supply of drugs is effectively disrupted and drug trafficking organizations are destroyed. Effective drug law enforcement activity and a sound criminal justice system are essential to the success of any demand reduction initiative.

Accordingly, the Action Plan for Reducing Crime, Violence, and Drug Availability emphasizes the importance of strong linkages among all elements of the criminal justice system and prevention, education, and treatment efforts. Particular emphasis is given to interventions designed specifically for those at risk of violence—children, youth, and chronic, hardcore drug users. Through these linkages, law enforcement can play a major role in reducing not only the demand for drugs but also the crime and violence that is associated with drug use.

As a result of the 1994 passage of the Violent Crime Control and Law Enforcement Act, additional police are being hired to patrol and protect neighborhoods; the sale of assault weapons—the weapons of choice for drug gangs—is now banned; tough new sentencing laws are in place to get violent and repeat offenders off America’s streets; and prison capacity is being expanded.

The Action Plan for Enhancing Domestic Drug Program Flexibility and Efficiency at the Community Level is based on the knowledge that the Nation’s drug problem will ultimately be solved at the community level. Community-based initiatives, however, demand a tremendous degree of cooperation and coordination across a wide array of antidrug agencies and organizations. The key objective of this Action Plan is to remove Federal and State restrictions and regulations that hamper the effective delivery of programs and services at the community level. The Action Plan includes targeted efforts to expand and improve data collection and distribution at the local level; to identify community-based programs whose efficacy is substantiated by evaluation efforts; to simplify Federal drug grant applications; to conduct a deregulation campaign to improve community-based service delivery; and to create a pilot project to enable select communities to develop a systematic response to the problems of hardcore drug use.

The Action Plan for Strengthening Interdiction and International Efforts gives priority to international narcotics control efforts. Federal enforcement agencies will intensify their efforts to dismantle drug trafficking organizations, combat money laundering, and work with units of State and local law enforcement in task force operations to attack drug gangs. The Administration has issued the National Interdiction Command and Control Plan to enhance interdiction command and control functions and has created the United States Interdiction Coordinator position within ONDCP to ensure the most effective integration of drug interdiction operations and assets.

For the first time since its enactment in 1986, the international narcotics control certification

process is functioning with credibility and authority. President Clinton has advanced cooperation toward international drug control efforts at the Summit of the Americas, a key international gathering held in December 1994 between President Clinton and 33 leaders of the nations of the Western Hemisphere. At this meeting, participating nations signed a *Declaration of Principles* that includes a plan for addressing drug trafficking and drug abuse in the Western Hemisphere. In addition, ONDCP is developing a new heroin control strategy to expand and intensify heroin control

efforts in key opium-producing and trans-shipment nations.

The long-range success of this *Strategy* depends on the collective refusal of individual Americans to tolerate the dealing and using of illegal drugs. All segments of society—communities, schools, religious groups, law enforcement, health care systems, business, labor, and government—must work together to make America safe, healthy, and drug free. It is an effort upon which the Nation's future depends.

Appendix A: Research, Data, and Program Evaluation

Since its inception, the Office of National Drug Control Policy (ONDCP) has recognized the need for a long-term commitment to drug control research. This research includes drug use, treatment, education and prevention, criminal justice, and the general area of technical advancements in support of law enforcement and drug interdiction. The knowledge that emerges from this research and the improved tools that come from the application of better technology have contributed to reducing the impact of drug abuse on this Nation and will continue to serve as a basis for ONDCP's future strategies to address national drug problems.

THE RESEARCH, DATA, AND EVALUATION ADVISORY COMMITTEE

Federal, State, and local governments and private organizations must be able to obtain reliable information about the nature and extent of the drug problem for use in developing appropriate policy and for program development and evaluation. Efforts are under way to improve the quality, timeliness, and policy relevance of drug data collection systems and to develop new methods for capturing information about emerging drug trends. New data collection efforts already have been undertaken to measure the number, location, and characteristics of the hardcore user population.

Coordination of Federal research and evaluation efforts and open exchange of information from

drug-related research and evaluation projects are essential to sound policy. In 1994, with the publication of the *1994 National Drug Control Strategy*, ONDCP began the necessary steps to formally establish the Research, Data, and Evaluation (RD&E) Advisory Committee. Final approval for this establishment was given by the General Services Administration (GSA) on January 5, 1995, under authorities granted by the Federal Advisory Committee Act (as amended), the GSA Final Rule on Federal Advisory Committee Management, and Executive Order 12838.

The RD&E Advisory Committee's task is to refine and to improve the manner in which research results are used in support of the development of more effective programs and strategies. The goals of the committee consist of the following:

- To provide, promote, and facilitate coordination of Federal research efforts;
- To ensure that key Federal research efforts receive appropriate support and priority; and
- To provide a mechanism to ensure that the available drug-related Federal research dollars are expended on projects that have a high probability of both immediate and long-term cost-effectiveness and are consistent with the primary goals and objectives of the National Drug Control Strategy.

The members of the RD&E Advisory Committee and its subcommittees are selected from a wide

variety of disciplines. Committee representation will be drawn from world-class experts from the Federal sector, as well as the non-Federal academic and industrial sectors. The committee will establish policies and priorities for drug control research; review and monitor all phases of drug-related data collection, research, and evaluation; and foster drug-related research, such as the development of new modes of drug treatment. The committee also will identify research-related actions for future *Strategies*.

Figure A-1 shows a schematic of the RD&E Advisory Committee's structure and the committee's basic functions.

Each subcommittee will perform the following functions, and report through the External RD&E Policy Advisory Committee to the Internal RD&E Policy Committee:

- Identify areas of research and technology available or in development that could have signifi-

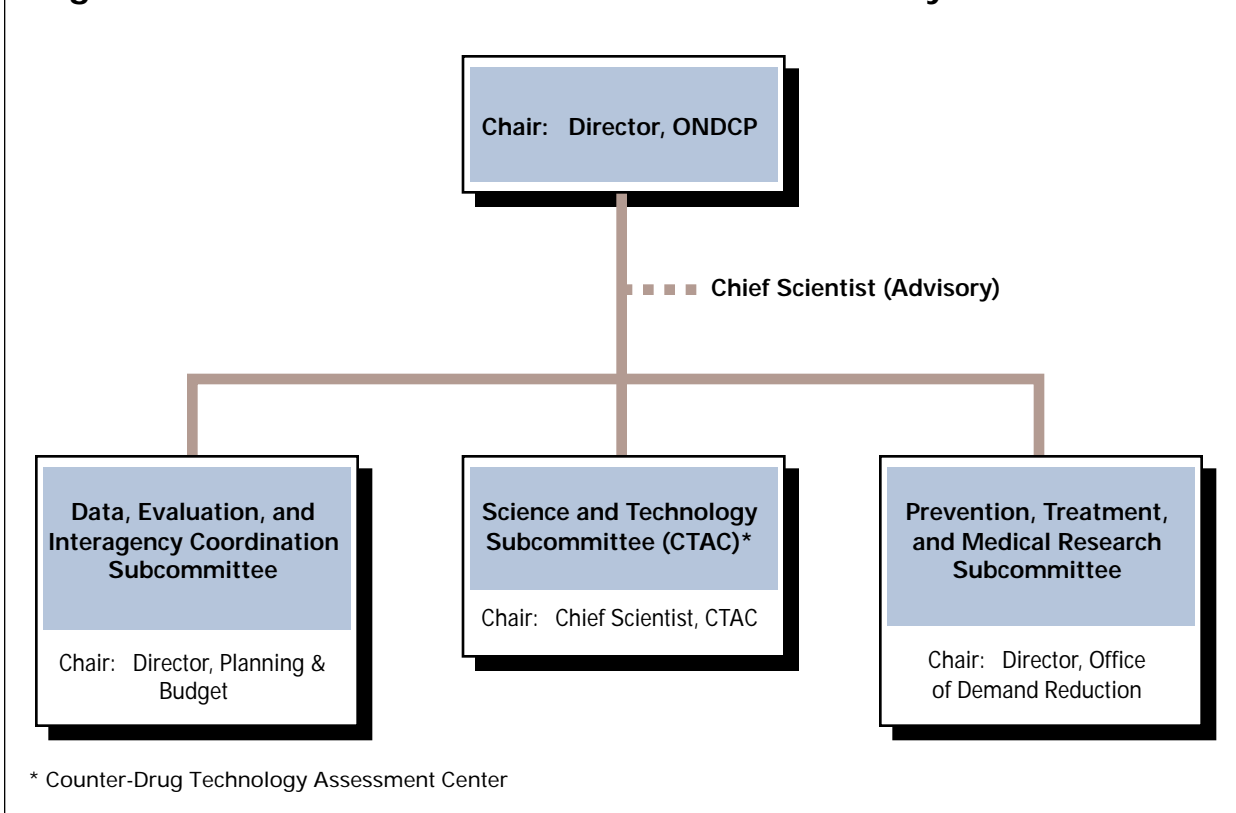
cant impact on reducing the supply or demand of illegal drugs;

- Recommend and oversee coordinated programs for agencies with mutual research interests to use resources more effectively and efficiently;
- Develop "action agendas" to meet national research objectives for Federal agencies, the private sector, and academia, and oversee their implementation; and
- Create ad hoc working groups on specific tasks or topics.

Data, Evaluation, and Interagency Coordination Subcommittee

This subcommittee will include representatives from Federal Departments and agencies that have legislative mandates to pursue drug-related initiatives. Through its representation, it also will integrate the activities of existing groups that report

Figure A-1
Organization of the Research and Evaluation Advisory Committee



on the data collection, data processing, and data sharing practices of these organizations. ONDCP will have the responsibility for chairing the subcommittee and for working with the members to define salient policy issues for each Department and agency.

One of the early charges for the subcommittee will be to develop an inventory of information systems and their report-generation capabilities. Another charge will be to evaluate the ability of these systems to provide answers to selected policy questions. Another key activity of this subcommittee will be to convene a national drug prevalence and consequence estimation conference. This conference will provide information to the subcommittee as to what those involved in drug-related research, evaluation, analysis, and investigation consider necessary to improve drug-related information.

As the work of the subcommittee progresses, the members will move toward the development of an integrated policy plan. The policy plan will identify areas where the information needs of decision-makers are not well addressed and will make recommendations for new systems development initiatives and other steps to improve data coverage. It also will identify areas where departments and agencies can cooperate in sharing existing information. This policy plan also will serve as a guide to procurement activities in the area of drug data and evaluation by providing recommendations related to information sharing and technology, ways in which to achieve savings, and areas where cooperative efforts are needed. These and other action items will be combined into an implementation plan that identifies strategies to be employed in addressing the recommendations provided in the policy plan.

Science and Technology Subcommittee

ONDCP's existing Counterdrug Technology Assessment Center (CTAC) has been designated as the lead for managing the Science and Technology Subcommittee, combining the new tasks and action items developed by the RD&E Advisory Committee with ongoing work already begun by CTAC.

In support of this new role, and in response to specific direction from Congress, CTAC has established a national counterdrug research and development (R&D) program to coordinate the R&D programs of those Federal agencies with drug law enforcement and substance abuse and treatment missions. The national program is based on the premise that the introduction of advanced technology can enhance the effectiveness of organizations with a counterdrug law enforcement or medical research mission and can improve the employment of their limited manpower resources.

This subcommittee will carry out research and engineering efforts to reduce the supply as well as the demand for drugs. These efforts have the following objectives: to put in priority order the scientific and technological needs, to identify research and engineering efforts that can be applied to the supply and demand reduction communities, and to initiate fiscally sound advanced technology projects responsive to these needs.

Prevention, Treatment, and Medical Research Subcommittee

The Prevention, Treatment, and Medical Research Subcommittee works to coordinate efforts among the entire demand reduction community to better address common needs. In recent years, significant progress has been made in demand reduction research and evaluation. What has emerged from these efforts is a clearer understanding of the complex continuum of societal constraints, supports, services, and requirements that are necessary to: promote healthy development (prevention); interrupt, contain, and replace destructive behavior (intervention); foster recovery and maintenance of a useful life (treatment); and support relapse prevention (aftercare). This continuum clearly illustrates the complexity of the interrelationships between the various disciplines that constitute the demand reduction system.

Given this complexity of the demand reduction system, two practical matters require the immediate attention of the subcommittee. First, existing specific research findings and program evaluations

must be made available to local communities in simple, “user friendly” language. Research efforts must better serve those who are seeking to build healthier and safer communities by providing information that is directly useful for program design and the development of Action Plans. Second, the continuum of services approach must be transferred to State and local communities to help them better organize their efforts, better time the implementation of programs, and better select those programs that fit together well. Eliminating individual programs of questionable worth in favor of proven programs is only part of the solution. “What works” is not a single effective program, or even a great number of effective programs applied in scattered fashion. Rather, it is the planned, strategic application of effective programs that, in concert, address risk and protective factors, knowledge and attitudes, and risk behaviors and bring about needed change in these closely related areas.

Thus, initial priority activities for the subcommittee will include distillation of what has been learned and the appropriate communication, transfer, and application of that information. The subcommittee will conduct these activities in concert with Federal, State, and local support for the building of organizational capacity and infrastructure to enable local communities to plan, evaluate, and revise their efforts. The National Drug Prevention System, described in Chapter V, is essential to surmount these practical challenges.

As a second area of focus, support will be continued for research to develop a better understanding of how attitudes are formed, how risk behaviors interrelate, how the addiction process progresses, and how prevention and treatment efforts can have a greater impact on each of these. In addition to these important areas, the Prevention, Treatment, and Medical Research Subcommittee will continue research efforts in the following areas: the prevention of substance abuse, violence, and crime; the relative effectiveness of behavioral therapies in drug treatment; and the linkage of drug treatment with the criminal justice, health care, and job training systems.

COUNTERDRUG TECHNOLOGY ASSESSMENT CENTER

In addition to managing the work of the Science and Technology Subcommittee, the CTAC and the chief scientist will provide support to the other subcommittees of the RD&E Advisory Committee and advise the director on matters relating to science and technology. CTAC also compiles for the Director of ONDCP near-, mid-, and long-term scientific and technological requirements for Federal, State, and local law enforcement agencies and establishes priorities for supporting related research.

Program Accomplishments

Since its inception during Fiscal Year (FY) 1991, 52 research efforts have been started with \$43.5 million in CTAC funding. These efforts generally fall in one of the four major technology thrusts: wide-area surveillance, nonintrusive inspection, tactical technologies, or demand reduction.

Fourteen infrastructure support initiatives have been established to evaluate developmental technology, to perform special studies and assessments, to evaluate prototypes in operational conditions, and to perform benchmark assessments on competing technologies. CTAC also has sponsored various symposia and special programs to reach out to the antidrug community to find ways technology could benefit both prevention and treatment and supply reduction. For example, CTAC published a Broad Agency Announcement (BAA) for historically black colleges and universities. The BAA solicits responses from the academic community with unique insights into the modalities of drug abuse prevention and treatment. CTAC also has expanded its State and local information exchange program.

CTAC has developed an advanced technology program to help coordinate the R&D activities of all Federal agencies with a counterdrug mission. In addition, CTAC has instituted an infrastructure program to support and measure the effectiveness of these programs. The infrastructure

program includes benchmarking, laboratory instrumentation, and testbeds to evaluate advanced technology prototypes being developed by these agencies. The testbed and benchmarking activities help to provide user personnel with standard measures of effectiveness criteria against which to test and evaluate advanced technologies and future systems. Each of these capabilities has been created by fostering close working relationships among Federal, State, and local law enforcement, prevention and treatment agencies, and outstanding research and development entities in Government, academic, and private sectors.

In the area of prevention and treatment, CTAC is working to initiate engineering infrastructure projects that will improve the laboratory equipment and technology available to scientists working in the area of drug addiction research. The goal is to promote better use of state-of-the-art technology to allow for more effective use of limited medical research and scientific manpower resources.

The following subsections provide some examples of CTAC-sponsored technology, infrastructure, and outreach efforts.

Tactical Technologies

CTAC has sponsored technology for the law enforcement community that would help them track their assets, execute covert and safe surveillance operations, and communicate with high reliability and without intrusion. Specific programs that CTAC has initiated include the following:

- A Global Positioning System was developed to allow police to track their vehicles and keep accurate records for investigative purposes. One prototype system is being field-tested with the Yonkers Police Department/Narcotics Division. During FY 1995, the system will receive further testing in more complex urban environments. An airborne counterpart to the land-based system is under development by the Mayo Clinic in Minnesota and will be tested by them for medical and drug law enforcement missions. Specific antidrug objectives will be

tested by the Minnesota Highway Patrol in early 1995.

- A quality videorecording device using a modified micro miniature, forensic-quality audiorecorder program module is being developed for use in covert surveillance operations. Tests will be conducted by the U.S. Drug Enforcement Administration (DEA) and the Federal Bureau of Investigation (FBI) in California and New York, respectively.
- An ultra-wide-band communications technology for relaying real-time audio and video data from sensors along the Southwest Border to Border patrol monitoring stations is being developed. This could dramatically reduce the false alarms currently experienced along the Southwest border. This effort is being done in support of a consortium of Federal, State, and local law enforcement agencies located in Arizona.
- A prototype system for identifying (or confirming) the contents of tanks and drums by nonintrusively measuring their acoustic properties is being developed. The system also will detect hidden compartments and other areas of concealment located within the tank or drum.

Nonintrusive Inspection Technology

The high-beam energy x-ray test series conducted last summer at the Tacoma Nonintrusive Inspection Testbed has been completed. The tests clearly demonstrated the value of x-ray technology as part of a first-generation nonintrusive inspection system. A new testbed will be established this year at Fort Huachuca, Arizona, to evaluate transportable x-ray systems and chemical sensors.

Data Fusion and Processing

CTAC is developing technologies in information sharing and networking to accelerate the transfer of this type of technology to State and local agencies for use against drug traffickers operating in multiple jurisdictions. Significant decreases in time spent in supporting investigations through

data organization, faster data analysis, and better communications will allow law enforcement agencies to rapidly share information across jurisdictional boundaries. Examples of these programs include the following:

- The Tennessee Valley Authority and the University of Tennessee are developing a prototype data fusion system to permit the seamless integration and extraction of criminal information from various data bases regardless of the user's type of computer or physical location. Initial testing will begin with a Florida law enforcement consortium involving approximately eight law enforcement agencies.
- A facial recognition system is being developed by ONDCP to help the Immigration and Naturalization Service to rapidly match faces and textual documentation of known traffickers at U.S. border crossings. The present demonstration and test of the system are being conducted by an ONDCP contractor at El Paso, Texas, but discussions of potential use in other ports-of-entry sites are ongoing. Further advancement in the computer software, such as automating some of the system software, is under consideration by ONDCP.
- A Ballistic Imaging Technology Assessment benchmarking project for the FBI DRUGFIRE and the Bureau of Alcohol Tobacco and Firearms (BATF) BULLETPROOF systems has been completed by ONDCP. The assessment compared the technical performance of two prototype computer-based ballistic imaging systems. The new technology this project will provide will dramatically change the way examinations are done on ballistic evidence collected from crime scenes. CTAC has provided FBI and BATF with recommendations for a ballistic data network to support regionally linked clusters of integrated work stations. The project findings also have been provided to the 160 ballistics examination laboratories throughout the Nation.
- During FY 1995, CTAC will perform a benchmarking task to evaluate the current technolo-

gies available to destroy drug contraband. This study will seek to provide DEA with cost-effective methods to destroy drug contraband after an investigation is completed. Although DEA is the primary beneficiary of this project, other interested agencies, such as the U.S. Customs Service, have been invited to participate.

Demand Reduction

CTAC plans to continue to support the applications of advance technology to prevention- and treatment-related efforts. Technological advancements in both computer science and tactical technologies are being investigated for application in demand reduction environments. CTAC plans to continue to introduce such technologies for prevention and treatment programs and sponsor new research specifically designed to advance demand reduction.

The focus of the present CTAC prevention and treatment efforts centers on introducing computer science advancement in networking and software to support better and faster communication and computer-assisted analysis. Additionally, research is planned to advance imaging technology in support of specific medical research. Finally, support to the National Institute on Drug Abuse in the area of special drug-related alternative medicine research also is under consideration. The following is a summary of specific tasks in the demand reduction area:

- The Columbia University College of Physicians and Surgeons is developing artificial monoclonal antibody enzymes that interfere with the cocaine molecule's ability to provide characteristic drug sensations. This work is extremely important and could provide the breakthrough in the search for effective therapeutic drugs that block cocaine for extensive periods of time. First-year milestones have been accomplished, second-phase objectives have been agreed upon, and work will continue.
- CTAC is developing an onsite Radiochemistry Laboratory for a Positron Emission Tomography (PET) scanning facility at the Addiction

Research Center in Baltimore, Maryland. This technology will provide information needed to map the exact areas of the brain that are activated by various drugs of abuse. In turn, the map will help to identify and evaluate therapeutic drugs to inactivate these sites or otherwise block the effect illicit drugs have on the brain. This and other planned research in PET scanning will become a critical part of the Columbia research mentioned above.

- CTAC is spearheading the development of a computer-based drug treatment research information network infrastructure program that will link the research community and drug treatment centers throughout the Nation. This effort is intended to improve the way drug abuse treatment is administered by facilitating ongoing collaboration among research efforts, identifying the most successful prevention and treatment programs, and real-time communication and analysis between the various clinics and research centers. The initial network testbed will be centered in the Northeast, with expansion to follow by the end of 1995.

Furthermore, advanced computer network technology is being considered for drug education purposes. Discussions with Federal, State, and local agencies are under way, with a decision on the specific efforts in this area expected in early 1995.

- CTAC is developing a bracelet that, when worn by a patient, prison inmate, or parolee, would continuously monitor the subject for drug abuse and automatically relay findings to a central processing unit. An ongoing study of first-time offenders in Orleans Parish, Louisiana will be

employed to evaluate the best methods for detecting drug abuse in the criminal justice system.

Forensic Capabilities

The goal of this program is to develop high priority, forensic analytical, methodological, and instrumental capabilities that substantially advance ability to process scientific evidence in support of investigations involving illicit drugs.

CTAC plans to sponsor innovative projects across the full spectrum of forensic science subdisciplines that can be applied to solving America's drug problem. The aim of the research is to promote a reliable, valid approach that will work in the field within a relatively short time period. CTAC will work closely with staff of the Department of Justice's National Institute of Justice to draw on their extensive background and achievements in forensic science. Furthermore, partnerships between forensic laboratories and universities, institutes, and commercial scientific and engineering entities will be encouraged. Participants will include the FBI, DEA, U.S. Secret Service, and State and local agencies, among others.

CTAC's long-term R&D program is designed and implemented to foster a dramatic level of progress and to accelerate technology transfer from the research laboratory to the field. Of necessity, many of the initiatives under this program span more than 1 or 2 years, and others, such as those found in the testbed program, require substantial long-term expenditures with a heavy initial outlay. To date, these have proven to be extremely cost-effective investments that provide research results unobtainable by any other means. In short, the investment is paying off.

Appendix B:

Drug-Related Information

Information on illicit drugs and drug users is vital to developing and implementing drug policy and to measuring policy effectiveness. This appendix presents data from the major research sources used to develop the *National Drug Control Strategy*. A brief description of each data source is provided below.

Drug Control Budget (Source for Tables B-1 and B-2)

Each year the Office of National Drug Control Policy (ONDCP) is required to review and certify the budget of Federal agencies with drug control programs and funds. Tables B-1 and B-2 are prepared from the budget information provided to ONDCP by these other Federal agencies.

National Household Survey on Drug Abuse (Source for Table B-3)

The National Household Survey on Drug Abuse (NHSDA) measures the prevalence of drug and alcohol use among household members ages 12 and older. Topics include drug use, health, and demographics. In 1991 the NHSDA was expanded to include college students in dormitories, persons living in homeless shelters, and persons living on military bases. The NHSDA was administered by the National Institute on Drug Abuse (NIDA) from 1973 through 1991; the Substance Abuse and Mental Health Services Administration (SAMHSA) has administered the survey since 1992.

What America's Users Spend on Illegal Drugs (Source for Tables B-4, B-14, and B-15)

This report estimates total U.S. expenditures on illicit drugs based on available drug supply and

demand data. Data are provided on estimated numbers of users, yearly and weekly expenditures for drugs, trends in drug supply, and retail prices of drugs. The report was written by Abt Associates, Inc. for the ONDCP in 1993 and was updated by Abt Associates, Inc. in 1995.

Monitoring the Future: A Continuing Study of the Lifestyles and Values of Youth (Source for Tables B-5 and B-6)

Often referred to as the "High School Senior Survey," the Monitoring the Future (MTF) study provides information on drug use trends as well as changes in values, behaviors, and lifestyle orientations of American youth. The study examines drug-related issues, including recency of drug use, perceived harmfulness of drugs, disapproval of drug use, and perceived availability of drugs. Although the focus of MTF has been high school seniors and graduates who complete followup surveys, 8th graders and 10th graders were added to the study sample in 1991. The MTF has been conducted under a grant from NIDA by the University of Michigan since 1975.

The PRIDE USA Survey (Source for Table B-7)

The PRIDE (Parents' Resource Institute for Drug Education) USA Survey for grades 6 through 12 (formerly called the PRIDE Drug Usage Prevalence Questionnaire) assists parent groups, schools, and communities in assessing the nature and extent of adolescent drug use in their local communities. Schools nationwide voluntarily administer the survey, which gathers information regarding students' families, personal characteristics, and general lifestyle behaviors. In addition,

the survey obtains information regarding drug use, drug availability, and the perceived dangers of drug use. The survey has been administered by PRIDE, Inc. since 1982.

Drug Abuse Warning Network (Source for Table B-8)

The Drug Abuse Warning Network (DAWN) provides data on drug-related emergency department episodes and medical examiner cases. DAWN assists national, State, and local drug policymakers to examine drug use patterns and trends and assess health hazards associated with drug abuse. Data are available on deaths and emergency department episodes by type of drug, reason for taking the drug, demographic characteristics of the user, and metropolitan area. NIDA maintained DAWN from 1972 through 1991; SAMHSA has maintained it since 1992.

National Drug Treatment Requirements (Source for Table B-9)

The U.S. Department of Health and Human Services (HHS) is mandated by Congress to report to the Office of Management and Budget on its goals for enrolling drug abusers in treatment facilities and the progress it has made in achieving those goals. HHS provides data on the estimated number of drug abusers; goals for treatment enrollment; estimated capacity of Federal, State, local, and private treatment facilities; number of available treatment slots; and number of people served.

National Drug and Alcoholism Treatment Unit Survey (Source for Table B-10)

The National Drug and Alcoholism Treatment Unit Survey (NDATUS) is designed to measure the location, scope, and characteristics of drug abuse and alcoholism treatment facilities throughout the United States. The survey collects data on unit ownership, type and scope of services provided, sources of funding, staffing information, number of clients, treatment capacities, and utilization rates. For the year 1990, information on waiting lists also was collected. Data are reported

for a point prevalence date (point-in-time measurements on the date specified) in the fall of the year the survey is administered. Many questions inquire about the 12 months prior to that date. The NDATUS has been administered jointly by NIDA and the National Institute of Alcohol Abuse and Alcoholism since 1974.

Uniform Crime Reports (Source for Table B-11)

The Uniform Crime Reports (UCR) is a nationwide census of thousands of city, county, and State law enforcement agencies. The goal of the UCR is to count in a standardized manner the number of offenses, arrests, and clearances known to police. Each law enforcement agency voluntarily reports data on crimes. Data are reported for the following nine index offenses: murder and manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, theft, motor vehicle theft, and arson. Data on drug arrests—including arrests for possession, sale, and manufacturing of drugs—are included in the data base. Distributions of arrests for drug abuse violations by demographics and geographic areas also are available. UCR data has been collected since 1930; the Federal Bureau of Investigation (FBI) has collected data under a revised system since 1991.

Survey of Inmates of Local Jails (Source for Table B-12)

The Survey of Inmates of Local Jails provides nationally representative data on inmates held in local jails, including those awaiting trials or transfers and those serving sentences. Survey topics include inmate characteristics, offense histories, drug use, and drug treatment. This survey has been conducted by the U.S. Bureau of Justice Statistics every 5 to 6 years since 1972.

Survey of Inmates in Federal Correctional Facilities and Survey of Inmates in State Correctional Facilities (Source for Table B-12)

The Survey of Inmates in Federal Correctional Facilities (SIFCF) and Survey of Inmates in State

Correctional Facilities (SISCF) provide comprehensive background data on inmates in Federal and State correctional facilities, based on confidential interviews with a sample of inmates. Topics include current offenses and sentences, criminal histories, family and personal backgrounds, gun possession and use, prior alcohol and drug treatment, and educational programs and other services provided in prison. The SIFCF and SISCF were sponsored jointly in 1991 by the Bureau of Justice Statistics and the Federal Bureau of Prisons and conducted by the U.S. Bureau of the Census. Similar surveys of State prison inmates were conducted in 1974, 1979, and 1986.

National Prisoner Statistics Program (Source for Table B-12)

The National Prisoner Statistics program provides an advance count of Federal, State, and local prisoners immediately after the end of each calendar year, with a final count published by the Bureau of Justice Statistics later in the year.

Federal-wide Drug Seizure System (Source for Table B-13)

The Federal-wide Drug Seizure System (FDSS) is an online computerized system that stores information about drug seizures made within the jurisdiction of the United States by the Drug Enforcement Administration (DEA), the FBI, the U.S. Customs Service, and the U.S. Coast Guard. The FDSS data base includes drug seizures by other Federal agencies (e.g., the Immigration and Naturalization Service) to the extent that custody of the drug evidence was transferred to one of the four agencies identified above. The FDSS data base includes information from DEA's System To Retrieve Information from Drug Evidence (STRIDE), Customs Law Enforcement Activity

Report, and the U.S. Coast Guard's Law Enforcement Information System. The FDSS has been maintained by DEA since 1988.

System To Retrieve Information From Drug Evidence (STRIDE) (Source for Table B-16)

STRIDE compiles data on illegal substances purchased, seized, or acquired in DEA investigations. Data are gathered on the type of drug seized or bought, drug purity, location of confiscation, street price of the drug, and other characteristics. Data on drug exhibits from the FBI, the Metropolitan Police Department of the District of Columbia, and some exhibits submitted by other Federal, State, and local agencies also are included in STRIDE. STRIDE data have been compiled by DEA since 1971.

International Narcotics Control Strategy Report (Source for Table B-17)

The International Narcotics Control Strategy Report (INCSR) provides the President with information on the steps taken by the main illicit drug-producing and transmitting countries to prevent drug production, trafficking, and related money laundering during the previous year. The INCSR helps determine how cooperative a country has been in meeting legislative requirements in various narcotics control areas. Production estimates by source country also are provided. The INCSR has been prepared by the U.S. Department of State since 1989.

Tables B-1 through B-17 following this page present data from the major research sources used to monitor the progress of some of the goals and objectives of the *National Drug Control Strategy*.

GOVERNMENT DRUG CONTROL SPENDING

Table B-1. Federal drug control budget, 1988-1996 (in millions)

	1988	1989	1990	1991	1992	1993	1994	1995	1996
Funds	\$4,707.8	\$6,663.7	\$9,758.9	\$10,957.6	\$11,910.1	\$12,177.6	\$12,184.4	\$13,264.9	14,550.4

Source: Office of National Drug Control Policy.

Table B-2. State and local drug control expenditure, by activity, FY 1990 and FY 1991 (in millions of dollars except percents)

Expenditure type by level of government	Judicial and legal services								
	Total	Police protection	Courts only	Prosecution and legal services	Public defense	Corrections	Health and hospitals	Educational	Other
1991									
All State and local	\$15,907	\$4,223	\$540	\$649	\$260	\$6,827	\$2,784	\$503	\$120
State	8,965	695	303	195	80	4,638	2,405	399	251
Direct	7,451	637	228	168	73	4,342	1,611	340	53
Intergovernmental	1,513	57	74	27	6	296	794	60	198
Local	8,567	3,586	313	483	187	2,500	1,268	163	68
Direct	8,455	3,585	311	482	187	2,486	1,173	163	68
Intergovernmental	112	1	1	1	—	14	94	—	—
1990									
All State and local	\$14,075	\$4,035	\$496	\$594	\$256	\$6,045	\$2,184	\$366	\$100
State	7,476	677	284	191	74	3,899	1,878	303	170
Direct	6,248	618	209	159	70	3,648	1,250	259	34
Intergovernmental	1,228	58	75	32	4	251	628	44	136
Local	7,923	3,417	288	436	186	2,410	1,012	108	66
Direct	7,827	3,416	287	435	186	2,397	933	107	66
Intergovernmental	96	1	1	1	—	13	79	1	—
Percent change, 1990 to 1991									
All State and local	13.0%	4.7%	8.8%	9.3%	1.6%	12.9%	27.5%	37.6%	20.4%
State	19.9	2.7	6.4	2.0	7.0	19.0	28.1	31.8	47.6
Local	8.1	4.9	8.6	10.7	.5	3.7	25.2	51.5	2.9

NOTE: Intergovernmental expenditures consist of payments from one government to another. Such expenditures eventually show up as direct expenditures of the recipient government. Duplicative transactions between levels of government are excluded from the totals for all governments and for local governments.

— Represents zero or rounds to zero.

Source: Office of National Drug Control Policy.

DRUG USE

Table B-3. Trends in selected drug use indicators, 1979-93 (number of users in millions)

Selected drug use indicators	1979	1982	1985	1988	1990	1991	1992	1993
Any illicit drug use ¹	24.3	22.4	22.3	14.5	12.9	12.8	11.4	11.7
Past month (current) cocaine use	4.3	4.2	5.3	2.9	1.6	1.9	1.3	1.3
Occasional (less than monthly) cocaine use	na	na	8.1	5.8	4.1	4.3	3.4	3.0
Frequent (weekly) cocaine use	na	na	0.6	0.9	0.7	0.6	0.6	0.5
Current marijuana use	22.5	20.0	17.8	11.6	10.2	9.7	9.0	9.0
Lifetime heroin use	2.4	1.9	2.0	1.9	1.7	2.7	1.8	2.3
Any adolescent illicit drug use ¹	4.1	2.8	3.2	1.9	1.6	1.4	1.3	1.4

na - not applicable

¹ Data are for past month (current) use.

Note: Any illicit drug use includes use of marijuana, cocaine, hallucinogens, inhalants, (except in 1982), heroin, or nonmedical use of sedatives, tranquilizers, stimulants, or analgesics. The exclusion of inhalants in 1982 is believed to have resulted in underestimates of any illicit use for that year, especially for adolescents.

Sources: National Household Survey on Drug Abuse, National Institute on Drug Abuse (1979-1991), and Substance Abuse and Mental Health Services Administration (1992-93).

Table B-4. Estimated casual and heavy cocaine and heroin user populations, 1988-93

Cocaine and heroin use	1988	1989	1990	1991	1992	1993
Cocaine						
Casual users (use less often than weekly)	7,347,000	6,466,000	5,585,000	5,440,000	4,331,000	4,054,000
Heavy users (use at least weekly)	2,526,000	2,611,000	2,456,000	2,219,000	2,349,000	2,238,000
Heroin						
Casual users (use less often than weekly)	539,000	504,000	470,000	368,000	290,000	229,000
Heavy users (use at least weekly)	601,000	616,000	542,000	474,000	452,000	500,000

Note: Data in this table are preliminary, composite estimates derived from the National Household Survey on Drug Abuse (NHSDA) and the Drug Use Forecasting (DUF) program (see W. Rhodes "Synthetic Estimation Applied to the Prevalence of Drug Use," *Journal of Drug Issues*, 23(2):297-321, 1993 for a detailed description of the methodology). The NHSDA was not administered in 1989. Estimates for 1989 are the average for 1988 and 1990.

Source: Abt Associates, Inc., "What America's Users Spend on Illegal Drugs," 1988-93, in press.

Table B-5. Trends in 30-day prevalence of selected drugs among 8th, 10th, and 12th graders, 1991-94

Selected drug/grade	30-Day Prevalence				1993-94 Change	
	1991	1992	1993	1994		
Marijuana/hashish						
8th grade	3.2	3.7	5.1	7.8	+2.7	SSS
10th grade	8.7	8.1	10.9	15.8	+4.9	SSS
12th grade	13.8	11.9	15.5	19.0	+3.5	SSS
Inhalants ^{1,2}						
8th grade	4.4	4.7	5.4	5.6	+0.2	
10th grade	2.7	2.7	3.3	3.6	+0.3	
12th grade	2.4	2.3	2.5	2.7	+0.2	
Hallucinogens ³						
8th grade	0.8	1.1	1.2	1.3	+0.1	
10th grade	1.6	1.8	1.9	2.4	+0.5	
12th grade	2.2	2.1	2.7	3.1	+0.4	
LSD (lysergic acid diethylamide)						
8th grade	0.6	0.9	1.0	1.1	+0.1	
10th grade	1.5	1.6	1.6	2.0	+0.4	
12th grade	1.9	2.0	2.4	2.6	+0.2	
Cocaine						
8th grade	0.5	0.7	0.7	1.0	+0.3	s
10th grade	0.7	0.7	0.9	1.2	+0.3	
12th grade	1.4	1.3	1.3	1.5	+0.2	
Stimulants						
8th grade	2.6	3.3	3.6	3.6	+0.0	
10th grade	3.3	3.6	4.3	4.5	+0.2	
12th grade	3.2	2.8	3.7	4.0	+0.3	
Alcohol (any use) ⁴						
8th grade	25.1	26.1	24.3	25.5	+1.2	
10th grade	42.8	39.9	38.2	39.2	+1.0	
12th grade	54.0	51.3	48.6	50.1	+1.5	

Notes: Level of significance of 1993-94 difference: s=.05, ss=.01, sss=.001. Any apparent inconsistency between the 1993-94 change estimate and the respective prevalence estimates is due to rounding error.

Approximate N: 8th grade = 17,500 in 1991; 18,600 in 1992; 18,300 in 1993; 17,300 in 1994.
 10th grade = 14,800 in 1991; 14,800 in 1992; 15,300 in 1993; 15,800 in 1994.
 12th grade = 15,000 in 1991; 15,800 in 1992; 16,300 in 1993; 15,400 in 1994.

¹ For 12th graders: Data based on five questionnaire forms in 1991-94; N is five-sixths of N indicated.

² Unadjusted for underreporting of amyl and butyl nitrites.

³ Unadjusted for underreporting of PCP (phencyclidine).

⁴ For 8th, 10th, and 12th graders: In 1993, the question text was changed slightly to indicate that a "drink" meant "more than a few sips." In 1993, data were based on two questionnaire forms for the 8th and 10th graders and on three of six questionnaire forms for the 12th graders; N is one-half of N indicated for all groups. In 1994, data were based on all forms for all grades.

Source: The Monitoring the Future study, Institute for Social Research, University of Michigan.

Table B-6. Trends in harmfulness of drugs as perceived by 8th, 10th, and 12th graders, 1991-94

Percentage saying "great risk"*															
Drug	8th Grade					10th Grade					12th Grade				
	1991	1992	1993	1994	1993-94 Change	1991	1992	1993	1994	1993-94 Change	1991	1992	1993	1994	1993-94 Change
How much do you think people risk harming themselves (physically or in other ways), if they ...															
• Try marijuana once or twice	40.4	39.1	36.2	31.6	-4.6sss	30.0	31.9	29.7	24.4	-5.3sss	27.1	24.5	21.9	19.5	-2.4
• Smoke marijuana occasionally	57.9	56.3	53.8	48.6	-5.2sss	48.6	48.9	46.1	38.9	-7.2sss	40.6	39.6	35.6	30.1	-5.5sss
• Smoke marijuana regularly	83.8	82.0	79.6	74.3	-5.3sss	82.1	81.1	78.5	71.3	-7.2sss	78.6	76.5	72.5	65.0	-7.5sss
• Try crack-cocaine once or twice	62.8	61.2	57.2	54.4	-2.8sss	70.4	69.6	66.6	64.7	-1.9s	60.6	62.4	57.6	58.4	+0.8
• Take crack-cocaine occasionally	82.2	79.6	76.8	74.4	-2.4s	87.4	86.4	84.4	83.1	-1.3	76.5	76.3	73.9	73.8	-0.1
• Try cocaine powder once or twice	55.5	54.1	50.7	48.4	-2.3ss	59.1	59.2	57.5	56.4	-1.1	53.6	57.1	53.2	55.4	+2.2
• Take cocaine powder occasionally	77.0	74.3	71.8	69.1	-2.7s	82.2	80.1	79.1	77.8	-1.3	69.8	70.8	68.6	70.6	+2.0
Approximate N	17,437	18,662	18,366	17,394		14,719	14,808	15,298	15,880		2,549	2,684	2,759	2,591	

Note: Level of significance of 1993-94 difference: s = .05, ss = .01, sss = .001. Any apparent inconsistency between the 1993-94 change estimate and the respective prevalence estimates is due to rounding error.

* Answer alternatives were: (1) No risk, (2) Slight risk, (3) Moderate risk, (4) Great risk, and (5) Can't say, drug unfamiliar.

Source: The Monitoring the Future study, Institute for Social Research, University of Michigan.

Table B-7. Prevalence of drug use among 6-8th, 9-12th, and 12th grade students, 1992-93 and 1993-94

	1992-93	Annual use 1993-94	Change		1992-93	Monthly use 1993-94	Change
Cigarettes							
6-8th	25.5	26.3	+0.8	s	13.3	14.0	+0.7 s
9-12th	38.4	41.5	+3.1	s	25.7	28.2	+2.5 s
12th	42.0	43.9	+1.9	s	29.9	31.4	+1.5 s
Alcohol							
6-8th	41.0	39.3	-1.7	s	14.9	14.7	-0.2
9-12th	65.5	65.9	+0.4		36.0	37.3	+1.3 s
12th	73.3	73.0	-0.3		44.7	45.6	+0.9 s
Beer							
6-8th	31.2	30.3	+0.9	s	11.6	11.5	+0.1
9-12th	55.6	56.5	+0.9	s	31.3	32.6	+1.3 s
12th	63.5	63.8	+0.3		39.9	41.0	+1.1 s
Wine Coolers							
6-8th	30.7	29.9	-0.8	s	10.0	9.9	-0.1
9-12th	52.2	52.0	-0.2		23.0	23.6	+0.6 s
12th	58.8	57.4	-1.4	s	27.2	26.5	-0.7
Liquor							
6-8th	21.5	21.4	-0.1		8.2	8.3	+0.1
9-12th	49.5	51.3	+1.8	s	25.5	27.2	+1.7 s
12th	58.8	59.9	+1.1	s	31.9	33.5	+1.6 s
Marijuana							
6-8th	5.8	8.2	+2.4	s	3.3	4.9	+1.6 s
9-12th	19.0	24.6	+5.6	s	11.3	15.6	+4.3 s
12th	25.0	28.9	+3.9	s	14.6	18.0	+3.4 s
Cocaine							
6-8th	1.6	1.9	+0.3	s	1.1	1.2	+0.1 s
9-12th	3.4	4.0	+0.6	s	2.1	2.4	+0.3 s
12th	4.5	5.1	+0.6	s	2.8	3.1	+0.3 s
Uppers							
6-8th	3.0	3.4	+0.4	s	1.8	2.0	+0.2 s
9-12th	7.9	9.1	+1.2	s	4.4	5.1	+0.7 s
12th	9.3	10.0	+0.7	s	5.0	5.6	+0.6 s
Downers							
6-8th	2.2	2.4	+0.2	s	1.4	1.6	+0.2 s
9-12th	4.6	5.3	+0.7	s	2.9	3.3	+0.4 s
12th	5.3	5.8	+0.5	s	3.4	3.8	+0.4 s
Inhalants							
6-8th	4.8	5.9	+1.1	s	2.3	2.8	+0.5 s
9-12th	5.6	6.9	+1.3	s	2.7	3.4	+0.7 s
12th	5.1	6.3	+1.2	s	2.7	3.3	+0.6 s
Hallucinogens							
6-8th	1.9	2.1	+0.2	s	1.2	1.4	+0.2 s
9-12th	5.7	6.6	+0.9	s	3.0	3.4	+0.4 s
12th	8.0	8.8	+0.8	s	3.8	4.2	+0.4 s

Note: Level of significance of difference between the 1992-93 and 1993-94 surveys: s=.05, using chi-square with variables year and use/no-use.

N size:

6-8th = 105,335 (1992-93); 92,939 (1993-94)

9-12th = 131,410 (1992-93); 104,796 (1993-94)

12th = 26,438 (1992-93); 18,320 (1993-94)

Source: PRIDE USA Survey, 1992-93 and 1993-94.

DRUG USE CONSEQUENCES AND TREATMENT

Table B-8. Trends in drug-related emergency room episodes and selected drug mentions, 1988-93

Emergency room episodes and drug mentions	1988	1989	1990	1991	1992	1993
Total drug episodes (person cases)	403,578	425,904	371,208	393,968	433,493	466,897
Total drug mentions	668,153	713,392	635,460	674,861	751,731	808,233
Total cocaine mentions	101,578	110,013	80,355	101,189	119,843	123,317
Total heroin mentions	38,063	41,656	33,884	35,898	48,003	62,965
Total marijuana mentions	19,962	20,703	15,706	16,251	23,997	29,166

Source: Drug Abuse Warning Network, National Institute on Drug Abuse (1988-91), and Substance Abuse and Mental Health Services Administration (1992-93).

Table B-9. Drug abuse treatment capacity and utilization, 1989-96¹

Treatment capacity and utilization	1989	1990	1991	1992	1993	1994	1995	1996
Treatment equivalent slots	556,000	559,000	563,000	560,000	566,000	565,000	596,000	590,000
Number of persons served	1,557,000	1,509,000	1,491,000	1,455,000	1,443,000	1,412,000	1,413,000	1,460,000
Percent of treatment goal received	47.0	49.6	56.4	56.2	56.7	56.6	57.8	60.6
Remaining treatment need	3,922,000	3,593,000	2,691,000	2,653,000	2,597,000	2,562,000	2,499,000	2,390,000

¹ This table includes only Substance Abuse and Mental Health Services Administration and National Institute on Drug Abuse in the Federal slot estimates. It excludes other Federal agencies that provide substance abuse treatment including U.S. Department of Veterans Affairs, Justice (e.g., the Violent Crime Control and Law Enforcement Act of 1994), Housing and Urban Development, and Defense, among others.

Source: U.S. Department of Health and Human Services.

Table B-10. One-day census of clients in alcohol and/or drug abuse treatment, by age group and by sex, 1980-92

Age/sex	1980	1982	1987	1989	1990	1991	1992 ¹
Age group							
20 years and younger	74,451	63,115	97,677	114,818	86,326	82,242	95,773
21-44 years	292,331	289,935	400,119	474,210	527,815	553,067	710,877
45-64 years	99,580	89,274	74,738	82,191	91,401	95,598	129,275
65 years and older	7,194	6,734	6,557	7,134	7,214	7,464	8,954
Unknown	—	—	33,205	56,602	55,073	73,448	—
Total	473,556	449,058	612,296	734,955	767,829	811,819	944,880
Sex							
Male	353,326	337,245	429,410	494,095	535,836	562,388	671,438
Female	119,117	113,407	164,128	207,510	206,861	213,681	273,442
Unknown	—	—	19,076	33,350	25,132	35,750	—
Total	473,443	450,652	612,614	734,955	767,829	811,819	944,880

Note: Data for 1992 are preliminary.

¹ Includes data inputted for 2,009 nonresponding providers based on a representative sample survey of nonresponding providers.

Sources: National Drug and Alcoholism Treatment Unit Survey, National Institute on Drug Abuse, and National Institute on Alcohol Abuse and Alcoholism.

CRIMINAL JUSTICE

Table B-11. Total crime, violent crime, and property crime and drug arrests, 1988-93

Crime category	1988	1989	1990	1991	1992	1993
Total crime index	13,923,100	14,251,400	14,475,613	14,872,883	14,438,191	14,140,952
Total crime rate ¹	5,664.0	5,741.0	5,820.3	5,897.8	5,660.2	5,482.9
Violent crime index	1,566,220	1,646,040	1,820,127	1,911,767	1,932,274	1,924,188
Violent crime rate ¹	637.2	663.7	731.8	758.1	757.5	746.1
Total murder victims	18,269	18,954	20,273	21,505	22,540	23,271
Murders related to						
narcotic drug laws	1,027	1,402	1,367	1,344	1,291	1,287
Property crime	12,356,900	12,605,400	12,655,486	12,961,116	12,505,917	12,216,764
Property crime rate ¹	5,027.1	5,077.9	5,088.5	5,139.7	4,902.7	4,736.9
Arrests for drug abuse violations	1,155,200	1,361,700	1,089,500	1,010,000	1,066,400	1,126,300

¹ Rates per 100,000 population.

Source: Uniform Crime Reports, Federal Bureau of Investigation.

Table B-12. Federal and State prison and local jail inmate populations, 1988-93

Prison/jail	1988	1989	1990	1991	1992	1993
State prisons	577,672	653,193	706,943	752,525	803,397	859,295
Federal prisons	49,928	59,171	67,432	71,608	80,259	89,586
Total State and Federal prisons	627,600	712,364	774,375	824,133	883,656	948,881
Percent of Federal prisoners who are drug offenders	44.8	49.9	52.3	57.0	59.6	60.8
Local jails	343,569	395,553	405,320	426,479	444,584	460,000

Sources: Survey of Inmates of Local Jails, Survey of Inmates in Federal Correctional Facilities, and Survey of Inmates in State Correctional Facilities (population data), Bureau of Justice Statistics; Bureau of Prisons (drug offender percentage), Department of Justice.

DRUG SEIZURES

Table B-13. Federal-wide cocaine, heroin, and cannabis seizures, Fiscal Years 1989-94¹

Drug	1989	1990	1991	1992	1993	1st Half 1993	1st Half 1994 ²
Cocaine (metric tons)	99.2	107.3	111.7	137.8	110.7	47.9	50.9
Heroin (kilograms)	1,095.2	815.0	1,374.4	1,157.2	1,600.9	689.2	497.0
Cannabis (pounds)	—	500,411	677,280	787,392	797,236	411,276	413,886

¹ Data available for the first half of Fiscal Year (FY) 1994 only. First-half FY 1993 data are provided for comparison.

² Data are preliminary and subject to change.

Source: Federal-wide Drug Seizure System, Drug Enforcement Administration.

DRUG USER EXPENDITURES

Table B-14. Total U.S. expenditures on illicit drugs, 1988-93 (in billions)

Drug	1988	1989	1990	1991	1992	1993
Cocaine	\$41.9	\$43.2	\$39.5	\$35.8	\$33.7	\$31.9
Heroin	11.7	12.0	10.8	8.6	7.3	7.4
Marijuana	8.9	9.0	9.6	9.0	10.1	9.0
Other drugs	3.2	2.8	2.3	2.4	2.2	1.8
Total	65.7	66.9	62.2	55.9	53.3	50.1

Note: Amounts are in constant 1994 dollars.

Source: Abt Associates, Inc., "What America's Users Spend on Illegal Drugs," 1988-1993, in press.

DRUG SUPPLY

Table B-15. Trends in cocaine supply, 1989-93 (in metric tons)

		1989	1990	1991	1992	1993
Coca leaf crop	Low	274,505	281,444	304,182	309,840	250,759
	High	322,335	330,516	357,218	356,211	292,561
Cocaine HCl available to export from producer countries	Low	708	705	748	771	581
	High	857	858	941	989	711
Shipped to the United States	Low	476	444	564	495	353
	High	588	559	609	659	450
Available for consumption in the United States (after discounting for Federal seizures)	Low	361	348	338	376	243
	High	473	463	482	539	340

Source: Abt Associates, Inc., "What America's Users Spend on Illegal Drugs," 1988-1993, in press.

Table B-16. Retail prices per pure gram for cocaine and heroin, 1988-93

	1988	1989	1990	1991	1992	1993
Cocaine						
High price	\$186	\$165	\$200	\$168	\$163	\$151
Low price	146	123	187	132	130	120
Heroin ¹						
High price	\$3,007	\$2,713	\$2,199	\$2,543	\$2,614	\$2,553
Low price	1,612	1,343	997	1,046	968	837

Note: Data in this table are derived from information collected through purchases and seizure of cocaine and heroin in selected cities. The purity of the samples is determined through chemical analysis. For cocaine, the price per pure gram is calculated by dividing the price by the purity percentage of the samples. For heroin, the price per pure gram is calculated by dividing the price by the average purity percentage for seized and purchased samples. Amounts are in constant 1994 dollars.

¹ Retail prices are for heroin powder.

Source: Abt Associates, Inc., "What America's Users Spend on Illegal Drugs," 1988-1993, in press.

Table B-17. Worldwide potential net production, 1988-93 (metric tons)

Country	1988	1989	1990	1991	1992	1993
Opium						
Afghanistan ¹	750	585	415	570	640	685
Iran ²	—	—	—	—	—	—
Pakistan	205	130	165	180	175	140
Total Southwest Asia	955	715	580	750	815	825
Burma	1,280	2,430	2,255	2,350	2,280	2,575
Laos	255	380	275	265	230	180
Thailand	25	50	40	35	24	42
Total Southeast Asia	1,560	2,860	2,570	2,650	2,534	2,797
Colombia	—	—	—	27	20	20
Lebanon	na	45	32	34	—	4
Guatemala	8	12	13	17	—	4
Mexico	67	66	62	41	40	49
Total above	75	123	107	119	60	77
Total opium	2,590	3,698	3,257	3,519	3,409	3,699
Coca leaf						
Bolivia	78,400	77,600	76,800	78,400	80,300	84,400
Colombia	27,200	33,900	32,100	30,000	29,600	31,700
Peru	187,700	186,300	196,900	222,700	223,900	155,500
Ecuador	400	270	170	40	100	100
Total coca leaf	293,700	298,070	305,970	331,140	333,900	271,700
Marijuana						
Mexico	5,655	30,200	19,715	7,775	7,795	6,280
Colombia	7,775	2,800	1,500	1,500	1,500	4,125
Jamaica	405	190	825	641	263	502
Belize	120	65	60	49	0	0
Others	3,500	3,500	3,500	3,500	3,500	3,500
Total marijuana	17,455	36,755	25,600	13,465	13,058	14,407
Hashish						
Lebanon	700	905	100	545	—	565
Pakistan	200	200	200	200	200	200
Afghanistan	300	300	300	300	300	300
Morocco	85	85	85	85	85	85
Total hashish	1,285	1,490	685	1,130	585	1,150

¹ The U.S. Drug Enforcement Administration believes, based upon foreign reporting and human sources, that opium production in Afghanistan may have exceeded 900 metric tons in 1992 and 1993.

² While there is no solid information on Iranian opium production, the U.S. Government estimates that Iran potentially may produce between 35 and 75 metric tons of opium gum annually.

Source: *International Narcotics Control Strategy Report*, U.S. Department of State, 1994.

Appendix C: Consultation

Section 1005 of the Anti-Drug Abuse Act of 1988 requires the President to develop and annually submit to Congress a National Drug Control Strategy. The law also requires the Director of the Office of National Drug Control Policy to help formulate the Strategy in consultation with a wide array of experts and officials, including the heads of the National Drug Control Program agencies, the Congress, State and local officials, and members of the private sector.

With this *1995 National Drug Control Strategy*, the Director of the Office of National Drug Control Policy has taken a new, dynamic approach to the consultation process. Just as the development and implementation of the National Drug Control Strategy is an ongoing process, this new approach to consultation has been ongoing over the last 12 months as well.

In order to receive the views and recommendations of as many individuals and groups as possible, the Director convened four regional strategy development conferences across the country and one in Washington, D.C. The conferences focused on key drug policy issues of importance to regional, State, and local leaders. Several themes emerged from all the conferences. While there were variations in ideas, the following themes were constant.

- Enhanced local program flexibility, fewer funding set-asides, equitable distribution of dollars, and generally increased funding are needed.
- Prevention works. Prevention should be based on research and good science.
- Public officials must be educated about the need for a strategy to deal with the effects of alcohol and other drugs.
- Treatment is paramount to success. Treatment is more cost-effective than incarceration, and recidivism is reduced even when treatment is coercive.
- Generic chemical dependency training on all levels is needed, including judges and the criminal justice system, parents, and social service agencies.
- Law enforcement must be included in coalitions and partnerships. Drug courts and work release are effective.
- Use grassroots community wisdom and resources to share and expand on successes.
- Enhance federal relationships by reducing duplication of services, improving coordination of programs, and simplifying the grant process.
- Use the information superhighway to improve access to both the State and federal governments.
- Rural areas need help and are often overlooked.
- Violence is endemic. Greater sanctions and quick intervention are needed to reduce violence.

Conference attendees included over 1,400 State and local government officials and legislators, as

well as individuals involved in drug control efforts in a variety of settings, including criminal justice, education, prevention, treatment, and the workplace. The Director also convened a special panel on Rural Drug Abuse and Trafficking.

In addition to the regional conferences, six specific focus groups were convened in Washington, D.C., and at the University of Michigan Institute for Social Research. The focus groups brought together public- and private-sector criminal justice, prevention and treatment, and drug control program and policy experts. The groups also brought together experts on adolescent behavior and youth violence, and drug control and epidemiological data evaluation. Additionally, key members of congressional staffs and the Congressional Research Service were brought together to seek their input on strategy goals and objectives, and on issues in treatment and prevention, domestic law enforcement, and legislation.

International drug policy continues to receive a high priority in the consultation process. The Director met with leaders and representatives from Mexico, Panama, Bolivia, Colombia, Peru, Venezuela, South Africa, and Nigeria. Heroin

strategy consultations included a fact-finding trip by the Director in June 1994, to India, Hong Kong, Malaysia, Singapore, Thailand, Laos, and Japan. The fact-finding trip was the first trip to Asia by a U.S. drug policy director and the first official visit to Laos by a U.S. Cabinet official since 1975. In December 1994, the Director addressed the drug issue at the Summit of the Americas, where President Clinton met with 33 leaders of the nations of the Western Hemisphere.

Lastly, over 1,100 letters were sent to members of the Cabinet, senior Federal officials, and department and agency heads; each U.S. Senator and Representative; directors and executives of public interest groups and private individuals; the Governor of each State and Territory; and over 200 mayors and State and local officials.

As discussed above, the consultation process for this strategy consisted of several new components, including the regional and national conferences, various focus groups, and many individual inputs and recommendations. The agencies, organizations, and individuals listed on the following pages reflect the extensive nature of this year's consultation process.

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